



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

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Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



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ZIMMERMAN

[REDACTED] 1992

NATIONAL CAPITOL SYSTEMS, INC.

AIRBAG ACCIDENT INVESTIGATION

CASE NO. 92-03

[REDACTED] COUNTY, FLORIDA

TECHNICAL REPORT

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

TECHNICAL REPORT STANDARD TITLE PAGE

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NATIONAL CAPITOL SYSTEMS, INC.

[REDACTED]
[REDACTED] Virginia 22041

AIRBAG ACCIDENT INVESTIGATION

CASE NO. 92-03

[REDACTED] COUNTY, FLORIDA

Contract No. DTHN 22-87-C-171169

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

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NCSI In-Depth Case 92-03

Summary

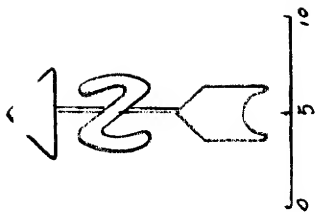
This report is an in-depth vehicle accident study involving a 1992 Chrysler LeBaron and a 1992 Chevrolet/GEO Prism (Vehicle 2) in a head-on impact. The LeBaron was equipped with a driver's side supplemental airbag system which deployed during the impact.

The accident occurred on State Route [REDACTED] in [REDACTED] County, Florida. The LeBaron was traveling east and the Prism was traveling west on the two lane roadway. According to witnesses the Prism attempted to pass another westbound vehicle and crossed over into the eastbound travel lane. Evidence at the scene indicates the LeBaron skidded 45 feet prior to impact with the driver steering left and the vehicle rotating slightly (less than 10 degrees) counter-clockwise. Vehicle 2 also skidded approximately 45 feet before impact with the driver steering to the right. At impact the vehicles struck head-on with the right front of each vehicle sustaining the maximum engagement.

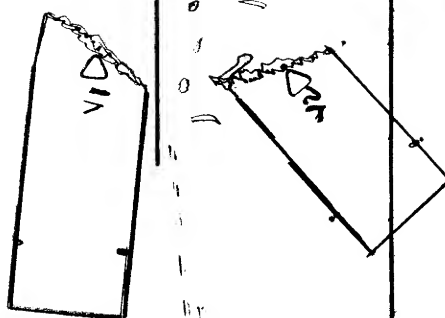
Following impact the LeBaron rotated slightly clockwise and traveled only 9 feet before coming to rest in the westbound travel lane facing east. Vehicle 2 rotated 135 degrees in a clockwise direction prior to reaching its final rest position. Vehicle 2 only traveled 15 feet from impact to final rest.

Direct damage to the LeBaron extended 48 inches across the front bumper measured from the front right corner. Maximum crush was located at the front right corner and was measured as 62 inches. A Collision Deformation Classification of 12-FDEW-6 was assigned to this impact damage. A CRASH 3 computer model resulted in a total Delta V of 43.3 mph. Damage measurements for Vehicle 2 were estimated from photographs and police markings. Direct damage of 48 inches was estimated across the front bumper measured from the front right corner. Maximum crush was estimated as 52.5 inches at the front right corner. A CDC of 12-FDEW-6 was assigned to the damage and a Delta V of 51.2 mph was generated by CRASH 3.

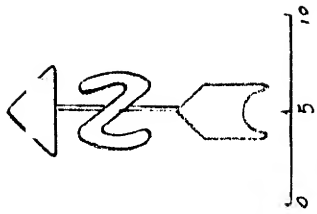
The driver of the LeBaron who was protected by his manual lap and shoulder belt as well as the airbag, sustained a fractured right pelvis and fractured right femur. His passenger was also wearing her lap and shoulder belt, however the intrusion of the interior components including the right upper A-pillar were too severe for adequate protection. She sustained fatal injuries including multiple fractures to her lower extremities and blunt head and chest trauma. The driver of Vehicle 2 was wearing his automatic shoulder belt and no lap belt at the time of the collision. He sustained a fractured sternum, fractured ribs, fractured right leg and fractured right hip. His wife was sitting in the rear right seating position, breast feeding their two month old baby. She received fractures to her ribs and lower extremities. The baby was fatally injured.



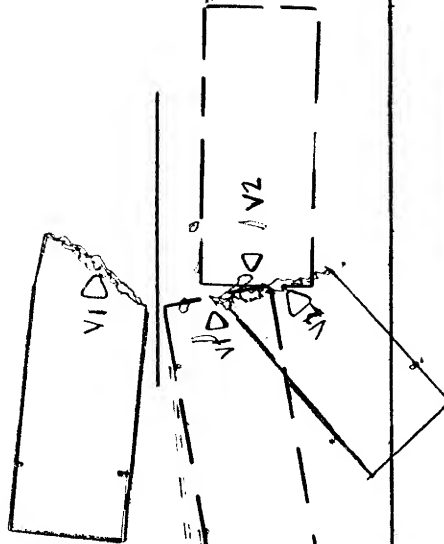
NCSI 92-03
[REDACTED], FL
AFTER ACCIDENT
"=10' PRC



SR [REDACTED]
2 [REDACTED]



NCSI 92-03
IMPACT AND REST



SR 3

RL

RL

NCSI AIRBAG DEPLOYMENT INVESTIGATION

Case No. 92-03

[REDACTED] County, Florida

IDENTIFICATION

Location: State Route [REDACTED] in
[REDACTED] County, Florida

Area/Type: Rural/Open Country

Accident Date/Time: [REDACTED] 1992 at [REDACTED] hours

Notification Date/Time: [REDACTED] 1992 at [REDACTED] hours

Accident Type: Car/Car, Head-on

Airbag Vehicle Occupant
Injury Severity: Fatal (AIS-6)

AMBIENCE

Viewing Conditions: Daylight

Weather: Clear

Precipitation: None

Road Surface: Dry

ROADWAY

Location: State Route [REDACTED]

Type: Major Arterial

Traffic Density: Heavy

Width: 23.0 ft. (7.0 m)

Number of lanes: Two

Median: None

Surface: Asphalt

Vertical Alignment: Level

Horizontal Alignment: Straight

TRAFFIC CONTROLS

Signals:	None
Signs:	None
Markings:	Dashed yellow lane lines
Speed Limit:	55 mph (88.5 kph)

VEHICLES

	<u>Airbag Vehicle</u>	<u>Vehicle #2</u>
Year:	1992	1992
Make:	Chrysler	GEO
Model:	LeBaron	Prism
Body Style:	Four door	Four door
VIN:	3C3XA46K0NT*****	1Y1SK5464NZ*****
Color:	White	Gray
Engine:	6 cylinder, 2.5 L	4 cylinder, 1.6 L
Transmission:	Automatic, column mounted transmission selector	
Steering:	Power assisted	
Brakes:	Power front disc	
Padding:	Upper and middle instrument panel, soft edged steering wheel rim and air bag module cover, sunvisors, door panels	
Active Restraints:	Lap and shoulder belts in the front and rear outside seating positions. Lap belts in the front and rear center positions.	Lap belts only in the front seat positions. Lap and shoulder belts in the rear out- side positions. A lap belt in the rear center position.

VEHICLES CONT'D:

	<u>Airbag Vehicle</u>	<u>Vehicle #2</u>
Passive Restraints:	Factory installed supplemental driver airbag system which deployed as a result of the impact.	Factory installed automatic shoulder belts in the front outside positions.
Restraint Usage:	The driver and his right front passenger were wearing their manual lap and shoulder belts.	The driver was wearing his automatic shoulder belt only, he was not wearing his manual lap belt. His right rear passenger was not restrained. She was breast feeding her baby who was out of his infant seat.

VEHICLE DAMAGE

Deployment Impact

	<u>Airbag Vehicle</u>	<u>Vehicle #2</u>
Object Struck:	Vehicle 2	Airbag Vehicle
Damage Location:	Front	Front
CDC:	12-FDEW-6	12-FDEW-6
Tow Status:	Towed due to damage	Towed due to damage
Defects:	None	None
Exterior:	The airbag vehicle was severely damaged in the head-on impact with V2. At impact the driver was steering left which cause this vehicle to side-slip approximately 10 degrees	Vehicle #2 was not inspected due to pending litigation but police photographs showing the damaged vehicle were obtained.

counter clockwise. The right front corner was the initial point of impact with direct damage extending 48 in. (121.9 cm) across the front bumper. The entire frontal plane sustained induced damage. Crush measurements taken across the front bumper were as follows:

C1 = 14.5 in. (36.8 cm)
C2 = 34.5 in. (87.6 cm)
C3 = 44.0 in. (117.8 cm)
C4 = 49.5 in. (125.7 cm)
C5 = 52.75 in. (134.0 cm)
C6 = 62.0 in. (157.5 cm)

Damaged exterior components included the entire front cap, both right side doors, roof, left front door and the trunk lid. The vehicle was a total loss.

Direct damage was estimated to be 48 in. (121.9 cm) across the frontal plane of the vehicle from the front right corner. Crush measurements were estimated from the photographs and known dimensions:

C1= 12.0" (30.5cm)
C2= 22.0" (55.9cm)
C3= 30.0" (76.2cm)
C4= 38.0" (96.5cm)
C5= 44.0" (111.8cm)
C6= 52.5" (133.4cm)

Damaged exterior components include the entire front cap, both right side doors, and the roof. The vehicle was a total loss.

CDC:

12-FDEW-6

12-FDEW-6

Interior:

Severe damage resulted from interior compartment intrusion, occupant contact and the airbag deployment. The greatest area of intrusion was to the right side floor board. Intrusion was measured at 29 in. (73.66 cm) Intrusion to the upper A-pillar was measured at 14 in. (35.6 cm) as was the right instrument panel. Intrusion to the left side of the interior compartment was measured at 4 in. (10.2 cm) to the floor and 3 in. (7.6 cm) to the steering assembly.

Photographs showed interior damage resulting from intrusion and occupant contact. Intrusion was most obvious to the right dash and right upper A-pillar. Occupant contact was noted to the right front seat back.

VEHICLE VELOCITY ESTIMATES:

A CRASH 3 computer model was generated using the crush measurements obtained during the vehicle inspection of the airbag vehicle. Crush measurements for Vehicle 2 were estimated using police photographs and known dimensions obtained from the vehicle's original specs. The damage only run of the CRASH 3 output showed the following results:

	<u>Airbag Vehicle</u>	<u>Vehicle 2</u>
Total Delta V	43.3 mph (69.7 kph)	51.2 mph (82.4 kph)
Longitudinal Delta V	-42.9 mph (69.0 kph)	-50.7 mph (-81.6 kph)
Lateral Delta V	6.7 mph (10.8 kph)	-5.6 mph (9.0 kph)
Energy Dissipated	309117.2 Ft.-Lb.	190648.7 Ft.-Lb.

Witnesses traveling in the same directions as the involved vehicles stated that both vehicles were traveling at approximately 65 mph as they approached each other. The trajectory and damage run of the CRASH 3 computer model resulted in impact speeds of 34.7 mph (55.8 kph) for the airbag vehicle and 49.8 mph (80.1 kph) for Vehicle 2.

COLLISION SEQUENCE

At approximately [REDACTED] hours, the Chrysler LeBaron (airbag vehicle) was eastbound on State Route [REDACTED]. The driver and his wife were from [REDACTED] and were traveling in a rented car on their honeymoon. The Geo Prism (Vehicle 2) was westbound on the same two lane roadway. The driver of Vehicle 2 was from Canada and was traveling in a rented car with his wife and baby. His wife was sitting in the rear right seat breast feeding their two month old baby. The child had an infant seat but it was not in use at this time.

In the vicinity of the accident site, State Route [REDACTED] is a two lane undivided roadway. The road is straight and level with unlimited sight distance. Road construction is underway in the area to change the roadway to a four lane divided freeway. The two lanes now used as travel lanes will be used for westbound travel. Traffic lanes for eastbound travel have been built but are not opened yet while some bridge work is being completed. Traffic traveling west across Florida has been on a four lane freeway for approximately 100 miles (160 kilometers) and on the two lane section for less than one mile (1.6 kilometer) at this point. Vehicles traveling east have been on the two lane section for roughly 40 miles (64 kilometers).

COLLISION SEQUENCE CONTINUED

According to witnesses, Vehicle 2 was traveling in a line of traffic at approximately 65 mph (104.5 kph) when the vehicle attempted to pass another westbound vehicle. The LeBaron skidded 45 feet (13.7 meters) and steered left in an attempted to avoid Vehicle 2. Vehicle 2 skidded 45 feet (13.7 meters) and steered right as an avoidance maneuver. The vehicles hit head-on in the eastbound travel lane. The initial point of impact was on the front right corner of the airbag vehicle and the center of V2.

Following impact, the airbag vehicle rotated slightly clockwise and came to rest in the westbound lane facing east. Evidence at the scene shows the vehicle only traveled 9 ft. (2.7 m) from impact to final rest. Vehicle 2 also rotated clockwise following impact. Vehicle 2's rotation was more pronounced as it rotated 135 degrees but only traveled 15 ft. (4.6 m) from impact to final rest. Vehicle 2 came to rest in the eastbound lane facing northeast. The head-on impact resulted in sufficient longitudinal decelerative velocity change to the airbag vehicle to deploy the driver airbag module.

Due to the remote location of this accident site, the Florida Highway patrol was not notified until [REDACTED] hours. The investigating officer did not arrive until [REDACTED] hours, approximately two hours after the crash. However, emergency medical services were notified at [REDACTED] hours, only four minutes from when the accident occurred. The first emergency medical vehicle arrived on the scene at [REDACTED] hours.

Both vehicles sustained disabling damage and were subsequently towed from the accident scene. Rescue personnel had to use extrication devices to remove the right front passenger of the airbag vehicle. They also cut the roof pillars on Vehicle 2 to remove the injured occupants.

The driver of the LeBaron, who was fully restrained by his three-point lap and shoulder belt, sustained several injuries including a fractured right pelvis and fractured right femur. His passenger was wearing her lap and shoulder belt. She received multiple fractures to her lower extremities and blunt head and chest trauma from the intrusion of the vehicle's dash, floor and upper A-pillar. The driver of Vehicle 2 was wearing his automatic shoulder belt, but not his lap belt at the time of the collision. He sustained a fractured sternum, fractured ribs, fractured right leg and fractured right hip. His wife was sitting in the rear right seating position, breast feeding their two month old baby. She sustained fractures to her ribs and lower extremities. She was not wearing her safety restraint at the time of the crash. The baby was fatally injured as it was crushed between the mother and the front seat back.

HUMAN FACTORS / OCCUPANT DATA

DRIVER DATA

	<u>Airbag Vehicle</u>	<u>Vehicle #2</u>
Age:	31	34
Sex:	Male	Male
Height:		
Weight:		
Posture:	Normal	Normal
Ejected:	No	No
Entrapped:	No	No
Active Restraint System Usage:	Lap/Shoulder Belt	Shoulder Belt
Usage Source:	Interview and PAR	Interview and PAR
Physical State:	No reported disorders	
Psychological State:	No reported disorders	
Driver Education:	Unknown	
Vehicle Familiarity:	Rented Car	Rented Car
Trip Plan:	On Vacation	On Vacation
Route Familiarity:	First Time	First Time
Manner of Leaving Scene:	Ambulance	Ambulance
Medical Treatment:	Hospitalized	Hospitalized

AIRBAG DRIVER INJURIES

<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
Fracture Right Femur	AIS-3	Lower Dash
Fracture Right Pelvis	AIS-2	Unknown

AIRBAG DRIVER INJURIES CONTINUED

Injury Coding

I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury
5	T	R	F	S	3	09	1
5	P	R	F	S	2	99	9

APPENDIX A:
Police Accident Report

FLORIDA TRAFFIC CRASH REPORT

MAIL TO:

DO NOT WRITE IN THIS SPACE

BEST AVAILABLE COPY

92399-0500

Time & Location	DATE OF CRASH 9/2		TIME OF CRASH [] AM [X] PM		TIME OFFICER NOTIFIED [] AM [X] PM		TIME OFFICER ARRIVED [] AM [X] PM		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER		
	COUNTY/CITY CODE		CITY OR TOWN (Check if in City or Town) [] COUNTY		FEET OR 55.2 Miles		N S E W						
	AT NODE NO.		FROM NODE NO.		NEXT NODE NO. ON ROAD		NO. OF LANES		1 [] DIVIDED 2 [X] UNDIVIDED		ON STREET, ROAD OR HIGHWAY		
	AT INTERSECTION OF		OR 27.2		1 [] 2 [X] 3 [] N S E W		OF INTERSECTION OF		SR		ALLEY		
Vehicle	3 DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A		YEAR 92	MAKE CHEV	TYPE 01	VEH. LICENSE NUMBER YRH 37R	STATE FL	VEHICLE IDENTIFICATION NUMBER 1Y1SK5464NZ0		<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">5</div> <div style="border: 1px solid black; padding: 2px;">6</div> <div style="border: 1px solid black; padding: 2px;">7</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">8</div> <div style="border: 1px solid black; padding: 2px;">9</div> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">17</div> </div> </div>		POINT OF IMPACT	
	TRAILER OR TOWED VEHICLE INFORMATION										EST. TRAILER DAMAGE \$		
	VEHICLE TRAVELING [] N [] S [] E [X] W ON SR		At UK Est. MPH		Posted Speed 55		EST. VEHICLE DAMAGE \$14,000.00		1 Disabling 2 Functional 3 No Damage		1		
	INSURANCE CO. (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		TOWING		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other		1		
Pedestrian	OWNER'S FULL NAME (Check if Driver [])		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE						
	OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE						
	DRIVER (Exactly as on Driver's License)/Pedestrian		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		DATE OF BIRTH				
	DRIVER'S LICENSE NUMBER		STATE CAN	LIC. TYPE 1	BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None	RESULTS 1 PEND %	AL/DRUG 6	PHYS. DEF. 1	RES 4	RACE 1	SEX 1	INJ. 4	S. EQUIP. 1
Vehicle	3 DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A		YEAR 92	MAKE CHRY	TYPE 01	VEH. LICENSE NUMBER	STATE FL	VEHICLE IDENTIFICATION NUMBER 3C3XA46K0N		<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">5</div> <div style="border: 1px solid black; padding: 2px;">6</div> <div style="border: 1px solid black; padding: 2px;">7</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">8</div> <div style="border: 1px solid black; padding: 2px;">9</div> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">17</div> </div> </div>		POINT OF IMPACT	
	TRAILER OR TOWED VEHICLE INFORMATION										EST. TRAILER DAMAGE \$		
	VEHICLE TRAVELING [] N [] S [] E [X] W ON SR		At UK Est. MPH		Posted Speed 55		EST. VEHICLE DAMAGE \$18,000.00		1 Disabling 2 Functional 3 No Damage		1		
	INSURANCE CO. (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		TOWING		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other		1		
Pedestrian	OWNER'S FULL NAME (Check if Driver [])		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE						
	OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE						
	DRIVER (Exactly as on Driver's License)/Pedestrian		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		DATE OF BIRTH				
	DRIVER'S LICENSE NUMBER		STATE ENG	LIC. TYPE 1	BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None	RESULTS 1 PEND %	AL/DRUG 6	PHYS. DEF. 1	RES 4	RACE 1	SEX 1	INJ. 4	S. EQUIP. 2
Code Information	HAZARDOUS MATERIALS BEING TRANSPORTED		1 None 2 Flammable Liquid 3 Explosives 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other		1		Driving Ability Questionable 1 YES 2 NO 3 NOT APPLICABLE		11 YES, Explain in Narrative		2		
	# PASSENGER'S NAME		CURRENT ADDRESS		CITY & STATE/ZIP CODE		AGE		LOC		INJ.		
	# PASSENGER'S NAME		CURRENT ADDRESS		CITY & STATE/ZIP CODE		AGE		LOC		INJ.		
	# PASSENGER'S NAME		CURRENT ADDRESS		CITY & STATE/ZIP CODE		AGE		LOC		INJ.		
VEHICLE TYPE		RESIDENCE (DRIVER ONLY)		PHYSICAL DEFECTS		ALCOHOL/DRUG USE		SAFETY EQUIPMENT IN USE		LOCATION (IN VEHICLE)			
01 Passenger Vehicle		1 County of Crash		1 No Defects Known		1 Not Drinking or Using Drugs		1 Not in Use		1 Front Left			
02 Passenger Van		2 Elsewhere in State		2 Eyesight Defect		2 Alcohol-Under Influence		2 Seat Belt/Shoulder Harness		2 Front Center			
03 Recreational		3 Non-Resident State		3 Fatigue/Asleep		3 Drugs-Under Influence		3 Child Restraint		3 Front Right			
04 Truck (Light) Pickup		4 Foreign 5 Unknown		4 Hearing Defect		4 Alcohol & Drugs-Under Influence		4 Safety Helmet/Eye Protection		4 Rear Left			
05 Truck (Heavy)		LICENSE TYPE		5 ILL		5 Had Been Drinking		5 Air Bag		5 Rear Center			
06 Truck-Tractor		1 Operator 4 Motor-cycle		6 Seizure, Epilepsy, Blackout		6 Pending BAC Test Result		6 Other		6 Rear Right			
07 Motorcycle		2 Chauffeur		7 Other Physical Defect		INJURY SEVERITY				7 In Body of Truck			
08 Off-Road Vehicle		3 Res Operator 5 None		1 No Injury		1 Not Incapacitating Injury				8 Bus Passenger			
09 Moped		RACE		2 Possible Injury		2 Incapacitating Injury				9 Other			
10 Bicycle		1 White 1 Male		3 Non-Incapacitating Injury		3 Fatal (Within 30 Days) Injury				EJECTED			
11 Law Enforcement Vehicle		2 Black 2 Female		4 Other		4 Non-Traffic Fatality				1 No			
12 Fire Vehicle										2 Yes			
13 Ambulance										3 Partial			
14 Rescue Unit													
INVESTIGATOR - RANK AND SIGNATURE		ID/BADGE NUMBER		DEPARTMENT		HIGHWAY PATROL		1 [X] FHP 3 [] CPD		2 [] SO 4 [] OTHER			

<input type="checkbox"/> DRIVER: Phantom ACTION 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		2 3 4 5 6 7 15 16 17 14 13 12 11 10 9		POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Upright 20 Windshield 21 Fire 22 Trailer		
TRAILER OR TOWED VEHICLE INFORMATION													
VEHICLE TRAVELING <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ON		A1		Est. MPH		EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage		EST. TRAILER DAMAGE \$		1 Tow Rotation List 2 Tow Owner's Request 3 Driver			
INSURANCE CO. (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:									
OWNER'S FULL NAME (Check if Driver <input type="checkbox"/>)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
DRIVER (Exactly as on Driver's License)/Pedestrian		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		DATE OF BIRTH					
DRIVER'S LICENSE NUMBER		STATE	LIC. TYPE	BAC TEST 1 Blood 3 Urine 2 Breath 4 Refused 5 None		RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX		
HAZARDOUS MATERIALS BEING TRANSPORTED		1 None 2 Flammable Liquid 3 Explosives 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other		Driving Ability Questionable RECOMMEND RE-EXAM		1 YES 2 NO 3 NOT APPLICABLE	If YES, Explain in Narrative		Driver's Phone No.				
# PASSENGER'S NAME		CURRENT ADDRESS		CITY & STATE/ZIP CODE		AGE		LOC	INJ.	S. EQUIP.	EJECT.		
# PASSENGER'S NAME		CURRENT ADDRESS		CITY & STATE/ZIP CODE									
# PASSENGER'S NAME		CURRENT ADDRESS		CITY & STATE/ZIP CODE									
# PROPERTY-DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY	STATE	ZIP			
# PROPERTY-DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY	STATE	ZIP			
CONTRIBUTING CAUSES-DRIVER/PED.		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE FUNCTION							
01 No Improper Driving/Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic		01 No Defects 02 Def. Brakes 03 Worn/Smooth Tires 04 Defective/Improper Lights 05 Puncture/Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment/Vehicle Defect 77 All Other (Explain in Narrative)		01 Straight Ahead 02 Slowing/Stopped/Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn		01 None 02 Pulling Semi-Trailer 03 Pulling Other Veh. 04 Emergency Operation 05 Truck-Tractor Pulling Two Trailers 06 Pulling Tank Trailer 07 Pulling House Trailer 08 Pulling Small Trailer 09 Veh. Being Towed/Pushed 10 Pulling Pole Trailer		01 None 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 06 Unknown					
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side/Way 77 All Other (Explain in Narrative)		VEHICLE MODIFIED 01 Yes 02 No 03 Not Applicable		LOCATION ON ROADWAY 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane/ Safety Zone		PEDESTRIAN ACTION 01 Crossing Not at Intersection 02 Crossing at Intersection 03 Walking Along Road With Traffic 04 Walking Along Road Against Traffic 05 Pushing/Working on Vehicle in Road 06 Other Working in Road 07 Standing/Playing in Road 77 All Other (Explain)							
FIRST/SUBSEQUENT HARMFUL EVENT		CONTRIBUTING CAUSES-ROAD		CONTRIBUTING CAUSES-ENVIRONMENT		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER			
01 Collision With MV in Transport (Rear-end) 02 Collision With MV in Transport (Angle) 03 Collision With MV in Transport (Left Turn) 04 Collision With Parked Car 05 Collision With MV in Transport (Sideswipe) 06 Collision With MV in Transport (Backed Into) 07 Collision With MV in Transport (Right Turn) 08 MV Hit Other Fixed Object 09 MV Hit Utility Pole/Light Pole 10 Collision With MV in Transport (Head-on) 11 Collision With Pedestrian 12 Collision With Moped 13 MV Hit Tree/Shrubbery 14 Collision With Bicycle		15 Collision With Bicycle (Bike Lane) 16 MV Ran into Ditch/Culvert 17 Ran Off Road into Water 18 Overturned 19 MV Hit Fence 20 Collision With MV on Other Roadway 21 MV Hit Sign/Sign Post 22 MV Hit Guardrail 23 Collision With Fixed Object Above Road 24 Fire 25 Collision With Animal 26 Collision With Moveable Object On Road		01 Vision Not Obscured 02 Inclement Weather 03 Parked/Stopped Vehicle 04 Trees/Crops/Bushes 05 Load on Vehicle 06 Building/Fixed Object 07 Signs/Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain)		01 No Control 02 Speed Control Zone 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Officer/Guard/Flagman 09 Posted No U-Turn 10 School Zone 77 All Other (Explain)		01 Not At Intersection/RR X'ing/Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot-Public 10 Parking Lot-Private 11 Private Property 77 All Other (Explain)		01 Straight-Level 02 Straight-Upgrade/Downgrade 03 Curve-Level 04 Curve-Upgrade/Downgrade TYPE SHOULDER 01 Paved 02 Unpaved			
WITNESS-NAME		ADDRESS		CITY AND STATE		ZIP		FLORIDA		FLORIDA			
VIOLATOR		FL STATUTE NUMBER		NAME		CHARGE		CITATION #					

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE AND DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES

☐ Check Only If Update

DO NOT WRITE IN THIS SPACE

FLORIDA 32399-0500

EMS INFO: FATALS ONLY	TIME EMS NOTIFIED [REDACTED] (PM)	TIME EMS ARRIVED [REDACTED] (PM)	COUNTY/CITY CODE [REDACTED]	DATE OF CRASH [REDACTED]-92	INVEST. AGENCY REPORT NUMBER 92-09 [REDACTED]	HSMV CRASH REPORT NUMBER [REDACTED]
-----------------------------	--------------------------------------	-------------------------------------	--------------------------------	--------------------------------	--	--

VEHICLE 1 WAS WESTBOUND ON SR [REDACTED]. VEHICLE 2 WAS EASTBOUND ON SR-

[REDACTED]. DRIVER 1 PROCEEDED TO PASS ANOTHER VEHICLE THAT WAS TRAVELING WESTBOUND ON SR [REDACTED] IN THE EASTBOUND LANE OF SR [REDACTED] VEHICLE 1 STRUCK VEHICLE 2 IN RIGHT FRONT WITH LEFT FRONT. VEHICLE 1 CAME TO FINAL REST IN THE EASTBOUND LANE OF SR [REDACTED] FACING EAST. VEHICLE 2 CAME TO FINAL REST IN THE WESTBOUND LANE OF SR [REDACTED] FACING EAST.

VICTIM NAME: [REDACTED]

VICTIM NAME: [REDACTED]

VICTIM DOB: [REDACTED]

VICTIM DOB: [REDACTED]

DATE OF DEATH: [REDACTED]-92

DATE OF DEATH: [REDACTED]-92

TIME OF DEATH: [REDACTED] PM

TIME OF DEATH: [REDACTED] PM

TRAFFIC HOMICIDE CASE# FHP [REDACTED]

TRAFFIC HOMICIDE INVESTIGATED BY CPL. [REDACTED]

PHOTO'S TAKEN BY CPL. [REDACTED] (HIGHWAY PATROL)

*DRIVER 1 WAS TRANSPORTED TO [REDACTED] GENERAL HOSPITAL.

*DRIVER 2 WAS TRANSPORTED TO [REDACTED] HOSPITAL.

FIRST AID GIVEN BY - NAME: [REDACTED] COUNTY	<input type="checkbox"/> 1 Physician or Nurse <input checked="" type="checkbox"/> 2 Paramedic Or EMT	<input type="checkbox"/> 3 Police Officer <input type="checkbox"/> 4 Certified 1st Aider <input type="checkbox"/> 5 Other	INJURED TAKEN TO: * [REDACTED] COMMUNITY HOSPITAL	BY - NAME: [REDACTED] EMS
WAS INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No-Where?	IS INVESTIGATION COMPLETE? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No-Why? PENDING BAC	DATE OF REPORT 0 4 [REDACTED] 9 2	PHOTOS TAKEN? <input checked="" type="checkbox"/> 3 Investigating Agency <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Other
INVESTIGATOR - RANK AND SIGNATURE [REDACTED]	ID/BADGE NUMBER [REDACTED]	DEPARTMENT [REDACTED] HIGHWAY PATROL	1 <input checked="" type="checkbox"/> FHP 3 <input type="checkbox"/> CPD 2 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER	

DIAGRAM



PAVED SHOULDER

AREA OF IMPACT

DEBRIS

MEDIAN

U
N
O
P
E
N
E
D

R
O
A
D
W
A
Y

V2 FINAL REST

V1 FINAL REST

V2 AT IMPACT

SKID MARKS

SR

55 MPH

← 24' →

(NOT TO SCALE)

APPENDIX B:
NASS Forms



ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number NCSI

Case Number—Stratum 92-03

ACCIDENT COLLISION DIAGRAM		CRASH DATA	
<p style="text-align: center;">LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> • approximate vehicle orientation at impact and final rest • applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) • applicable traffic controls (e.g., speed limit) • north arrow placed on diagram • sketch required 	<p style="text-align: center;">LEVEL II (Cont'd) physical evidence is present:</p> <ul style="list-style-type: none"> • document reference point and reference line relative to physical features present at the scene • scale documentation of all accident induced physical evidence • scaled documentation of all roadside objects contacted • roadway surface type and condition of applicable roadways • grade measurements for all applicable roadways and at location of rollover initiation • scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p style="text-align: center;">VEH. #1 VEH. #2 VEH. #3</p>	<p>Heading Angle <u>267°</u> _____</p> <p>Surface Type <u>ASPHALT</u> _____</p> <p>Surface Condition <u>GOOD/DRY</u> _____</p> <p>Grade (v/h) Measurement (between impact and final rest) <u>9/</u> <u>0/</u> _____</p> <p>Grade (v/h) Measurement (at location of rollover initiation) <u>0/</u> <u>0/</u> _____</p>
<p style="text-align: center;">LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p>			

Reference Point: MARK ON ROAD

Reference line: S EDGE OF

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
SKIN ENDS V1 RF	0	8' N
SKIN ENDS V1 RF	33' W	9'
Gauges	45' → 51' ↓	6' → 10'
FINAL REST V1 RF	47' 52'	2' N 1' S
LR	56'	3' N
SKIN BEGIN V2 LF	97'	6' 78'
SKIN END LR	101'	10'
LF	52'	11'
FINAL REST V2 LR	57' 10'	14' + 5'
RR	58'	14'



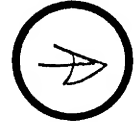
U.S. Department of Transportation
National Highway Traffic Safety
Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

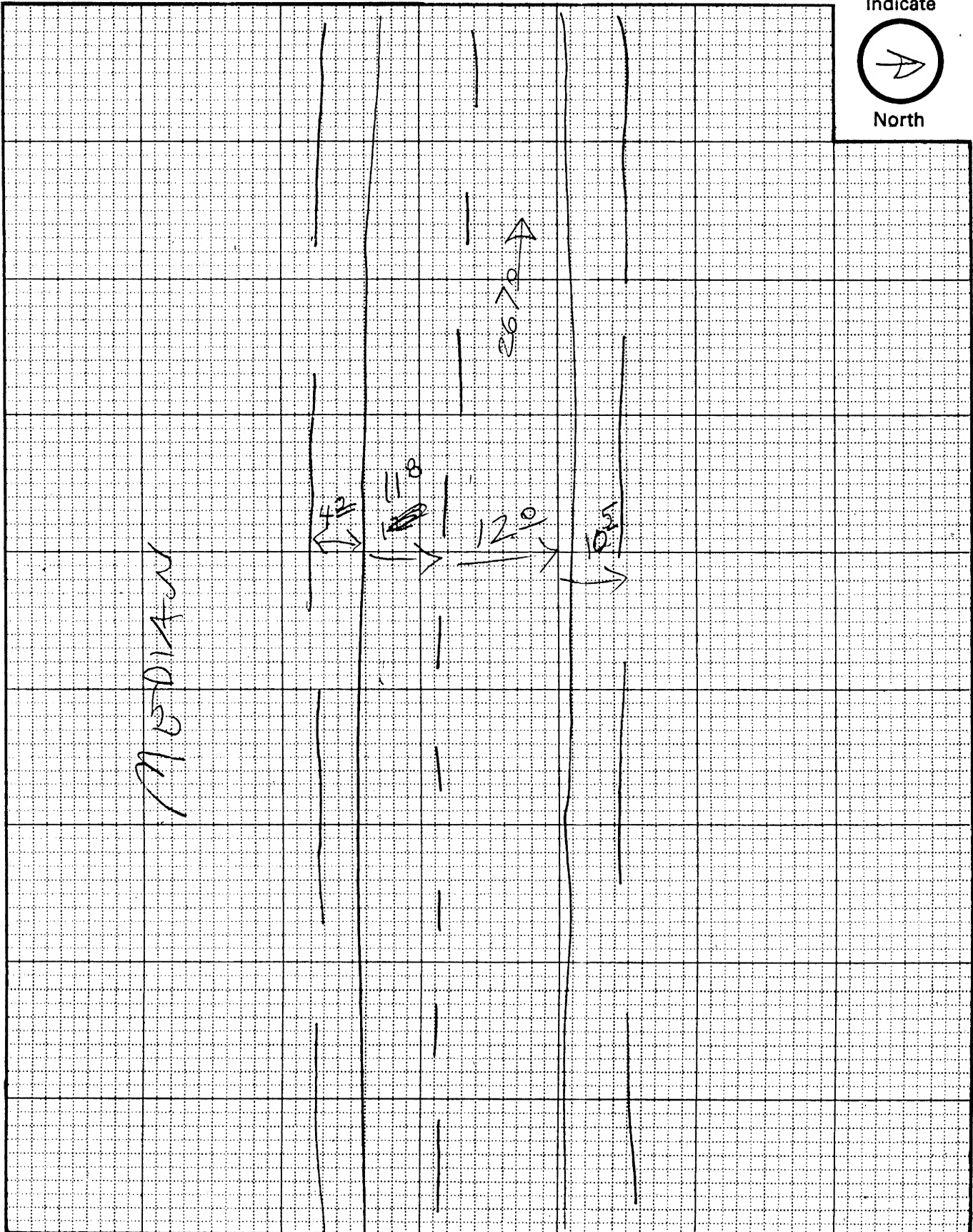
ACCIDENT COLLISION DIAGRAM

PSU No. NCST
Case Number - Stratum 92-03

Indicate



North





ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NC51

2. Case Number - Stratum

92-03

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

02

4. Date of Accident
(Month, Day, Year)

[REDACTED] / 9 2

5. Time of Accident

[REDACTED]

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS12 Not Active

0

7. SS13 Not Active

0

8. SS14 Fatal AOPS

9. SS15

10. SS16

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident

01

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>02</u>	15. <u>F</u>	16. <u>02</u>	17. <u>01</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>
26. <u>0 3</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>0 4</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>0 5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 — 104 inches)
- (03) Intermediate (wheelbase = 105 — 109 inches)
- (04) Full size (wheelbase = 110 — 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 10,000 lbs GVWR)
- (13) Passenger van (≤ 10,000 lbs GVWR)
- (14) Other van (≤ 10,000 lbs GVWR)
- (15) Pickup truck (≤ 10,000 lbs GVWR)
- (18) Other truck (≤ 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo
area (rear of trailer or
straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

-
- (35) Noncollision injury
 - (38) Other noncollision (specify):
-

-
- (39) Noncollision — details unknown
-

Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in
diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
 - (55) Impact attenuator
 - (56) Other traffic barrier (includes guardrail)
(specify):
-

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

-
- (69) Unknown fixed object
-

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

-
- (75) Vehicle occupant
 - (76) Animal
 - (77) Train
 - (78) Trailer, disconnected in transport
 - (88) Other nonfixed object (specify):
-

-
- (89) Unknown nonfixed object
-

- (98) Other event (specify):
-

-
- (99) Unknown event or object
-



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

NC5I

2. Case Number - Stratum

92-03

3. Vehicle Number

01

VEHICLE IDENTIFICATION

4. Vehicle Model Year

92

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

06

CHRYSLER
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

006

LEPACON
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type

04

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

3C3XA46K0N

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

1

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed

99

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol Presence

9

(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

97

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

ACCIDENT RELATED

13. Speed Limit

55

(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

14. Attempted Avoidance Maneuver

03

(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

15. Accident Type

51

Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 10,000 lbs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravado, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (≤ 10,000 lbs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (≤ 10,000 lbs GVWR)
- (23) Van based motorhome (≤ 10,000 lbs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 10,000 lbs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 10,000 lbs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks (> 10,000 lbs GVWR)

- (60) Step van (> 10,000 lbs GVWR)
- (61) Single unit straight truck (10,000 lbs < GVWR ≤ 19,500 lbs)
- (62) Single unit straight truck (19,500 lbs < GVWR ≤ 26,000 lbs)
- (63) Single unit straight truck (> 26,000 lbs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 03,000
2972 Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown
 Source:
20. Vehicle Cargo Weight 0,100
100 Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

 (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

 (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 273
28. Heading Angle For Other Vehicle 078

29. Basis for Total Delta V (highest) 1*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

43

____ Nearest mph

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of
Delta V+243

____ Nearest mph

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(__99) Unknown

Secondary Highest

32. Lateral Component of Delta V

+006

____ Nearest mph

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(__99) Unknown

33. Energy Absorption

309,10020947.2 Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 foot-lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

1

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

1

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes

1

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence 0

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver 0

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination using DEC process
- (2) Behavioral
- (3) Other physical observation/perception determination (specify): _____
- (4) DEC process available, unknown if determination made
- (5) DEC process not available, unknown if other observation/perception test given
- (7) Other observation/perception test (specify): _____
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 9

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC	
	Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>9</u>
Depressant Drug	42. <u>0</u>	43. <u>9</u>
Stimulant Drug	44. <u>0</u>	45. <u>9</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>9</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>9</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>9</u>
Inhalant Drug	52. <u>0</u>	53. <u>9</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>9</u>

Codes For Observation/Perception Test Results

- (0) No DEC observation/perception test given
- (1) Passed DEC observation/perception test
- (2) Failed DEC observation/perception test
- (3) DEC observation/perception test given—
results unknown
- (8) No driver present
- (9) Unknown if DEC observation/perception
test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or
not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Hearse
 (8) Fire truck or car
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type (specify):
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (\leq 4 inches in diameter)
- (42) Tree ($>$ 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 4 inches in diameter)
- (51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
- (52) Pole or post ($>$ 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

PRECRASH DATA (Continued)**65. Critical Precrash Event** 62*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 2

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

NCSI

2. Case Number - Stratum

92-03

3. Vehicle Number

01

INTEGRITY

4. Passenger Compartment Integrity

13

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side) LF ?

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window RF

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 2 6. RF 3 7. LR 1 8. RR 3 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch
Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 2 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail,
etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 6 18. LR 0 19. RR 0

20. BL 0 21. Roof 0 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces - Hole!

(3) Glazing in place and holed from impact forces BYR

(4) Glazing out-of-place (cracked or not) and not holed from
impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 9 24. LF 0 25. RF 0 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant
contact and not holed by occupant contact(5) Glazing out-of-place by occupant contact and holed by
occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No
Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 2 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 2 42. LR 0 43. RR 0

44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

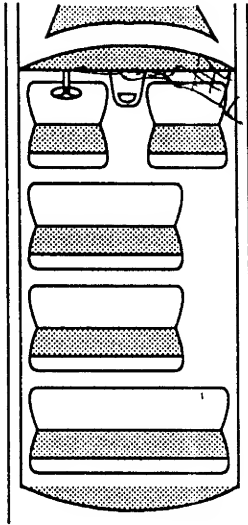
(9) Unknown

INTRUSION WORKSHEET

TOP
VIEW

Longitudinal

Lateral

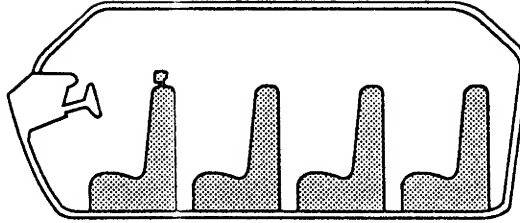


Longitudinal

LEFT SIDE
VIEW

Vertical

Longitudinal

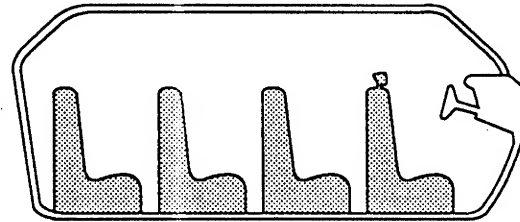


Longitudinal

RIGHT SIDE
VIEW

Vertical

Longitudinal



Longitudinal

Vertical

Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	INTRUDED VALUE	INTRUSION	DOMINANT CRUSH DIRECTION
LF	SW	-	-	= 3	LAT
	FLOOR	46	42	= 4	"
		-	-	=	
		-	-	=	
CENTRAL	DASH	30	26	= 4	
	FLOOR	46	32	= 6	
RF	DASH	30	21	= 9	
	A-PILLAR	30	14	= 16	
	FLOOR	46	17	= 29	↓
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1</u> <u>3</u>	48. <u>1</u> <u>7</u>	49. <u>6</u>	50. <u>1</u>
2nd	51. <u>1</u> <u>3</u>	52. <u>0</u> <u>6</u>	53. <u>4</u>	54. <u>1</u>
3rd	55. <u>1</u> <u>3</u>	56. <u>0</u> <u>4</u>	57. <u>3</u>	58. <u>1</u>
4th	59. <u>1</u> <u>2</u>	60. <u>1</u> <u>7</u>	61. <u>3</u>	62. <u>1</u>
5th	63. <u>1</u> <u>2</u>	64. <u>0</u> <u>3</u>	65. <u>2</u>	66. <u>1</u>
6th	67. <u>1</u> <u>1</u>	68. <u>1</u> <u>7</u>	69. <u>2</u>	70. <u>1</u>
7th	71. <u>1</u> <u>1</u>	72. <u>0</u> <u>1</u>	73. <u>2</u>	74. <u>1</u>
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield → ? CR
- (15) Windshield header → ? CR
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion → LR
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

92. Steering Rim/Spoke Deformation 0

Code actual measured

deformation to the nearest inch.

- (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation 00

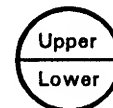
(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL94. Odometer Reading 007,000

6563 miles—Code mileage to the nearest 1,000 miles

- (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: VEH INSP95. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

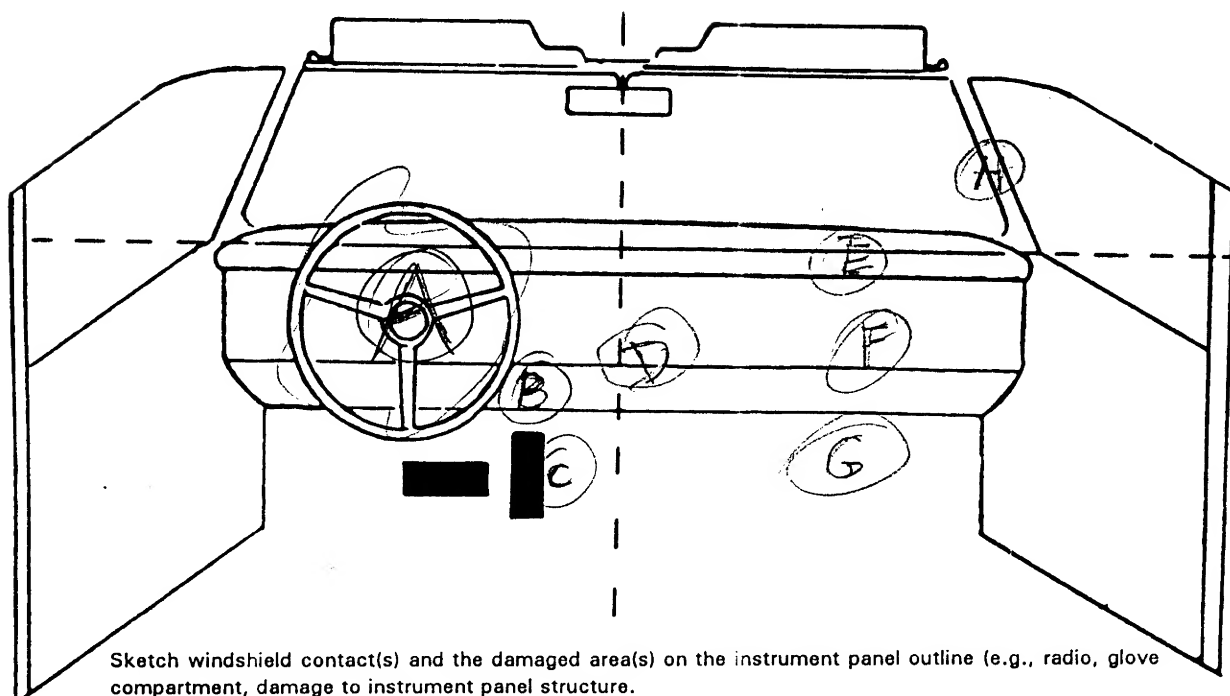
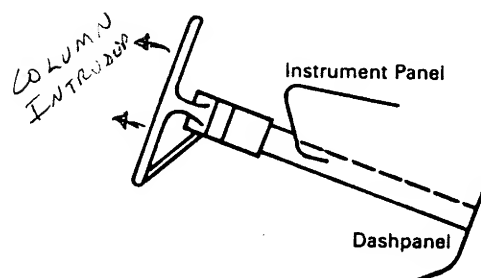
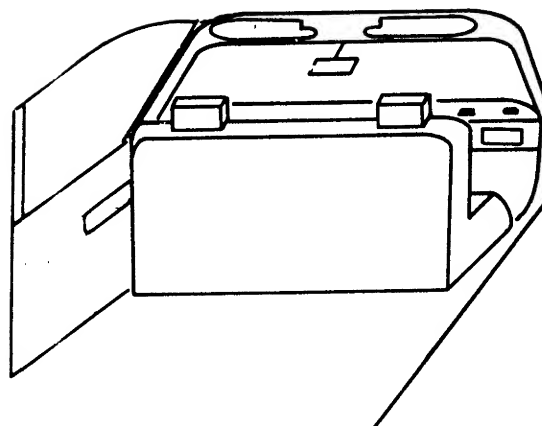
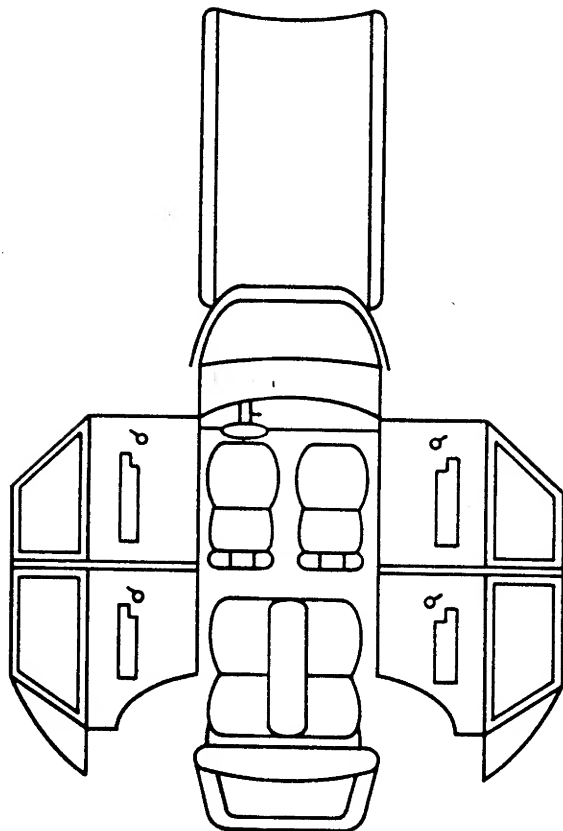
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 0

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	AIR BAG	1	FACE/CHEST	DEFORMED / BLOOD	1
B	DOOR	1	LEGS	DEFORMED / INTENDED	2
C	FOOT CONTROLS	1	FEET/LEGS	DEFORMED / INTENDED	2
D	C DASH	?	?	DEFORMED / INTENDED	3
E	DOOR	2	HEAD	HAIR / INTENDED	1
F	SEAT/BODY	2	CHEST/LEGS	SMUDGE / DEFORMED	1
G	HEADREST		LEGS	DEFORMED / INTENDED	1
H	A PILLAR		HEAD	SMUDGE / DEFORMED	1
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (27) Other left side object (specify): _____

RIGHT SIDE

- (28) Left side window sill
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
FIRST	Availability/Function	/	/
	Deployment	/	/
	Failure	/	/

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
(3) Air bag not reinstalled
(9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function	/	/
	Use	/	/
	Type	/	/
	Proper Use	/	/
	Failure Modes	/	/

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
(8) Other improper use of automatic belt system (specify): _____
(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other automatic belt failure (specify): _____
(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	3	4
	Use	04	00	04
	Failure Modes	1	0	1
S E C O N D	Availability	4	3	4
	Use	00	00	00
	Failure Modes	0	0	0
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

- (8) Other belt (specify): _____

- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	04	04	04
	Seat Performance	1	3	7 & 6
	Seat Orientation	1	1	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify:

(9) Unknown

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)

(99) Unknown

Seat Performance (this Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: SEAT BACK (folded)
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

SEAT CUSHION DEFORMED BY

(7) Combination of above (specify):

INTRUSION

(8) Other (specify):

(9) Unknown

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

NONE

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

L F DOOR POSSIBLY CAME OPEN

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(1) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No [] Yes [X]

Describe entrapment mechanism: POSSIBLY BETWEEN DASH (RIGHT SIDE) AND RIGHT SIDE FLOOR

Component(s):

(Note in vehicle interior diagram)

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM:
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>NC SI</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>92-03</u>		

VEHICLE IDENTIFICATION

VIN 3C3XA46K0NT [REDACTED] Model Year 92
Vehicle Make (specify): CAROLAN Vehicle Model (specify): LEBARON

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	STARTS @ RT CORNER EXTENSIVE	ENTIRE DUMPER
	52" TO LEFT	

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

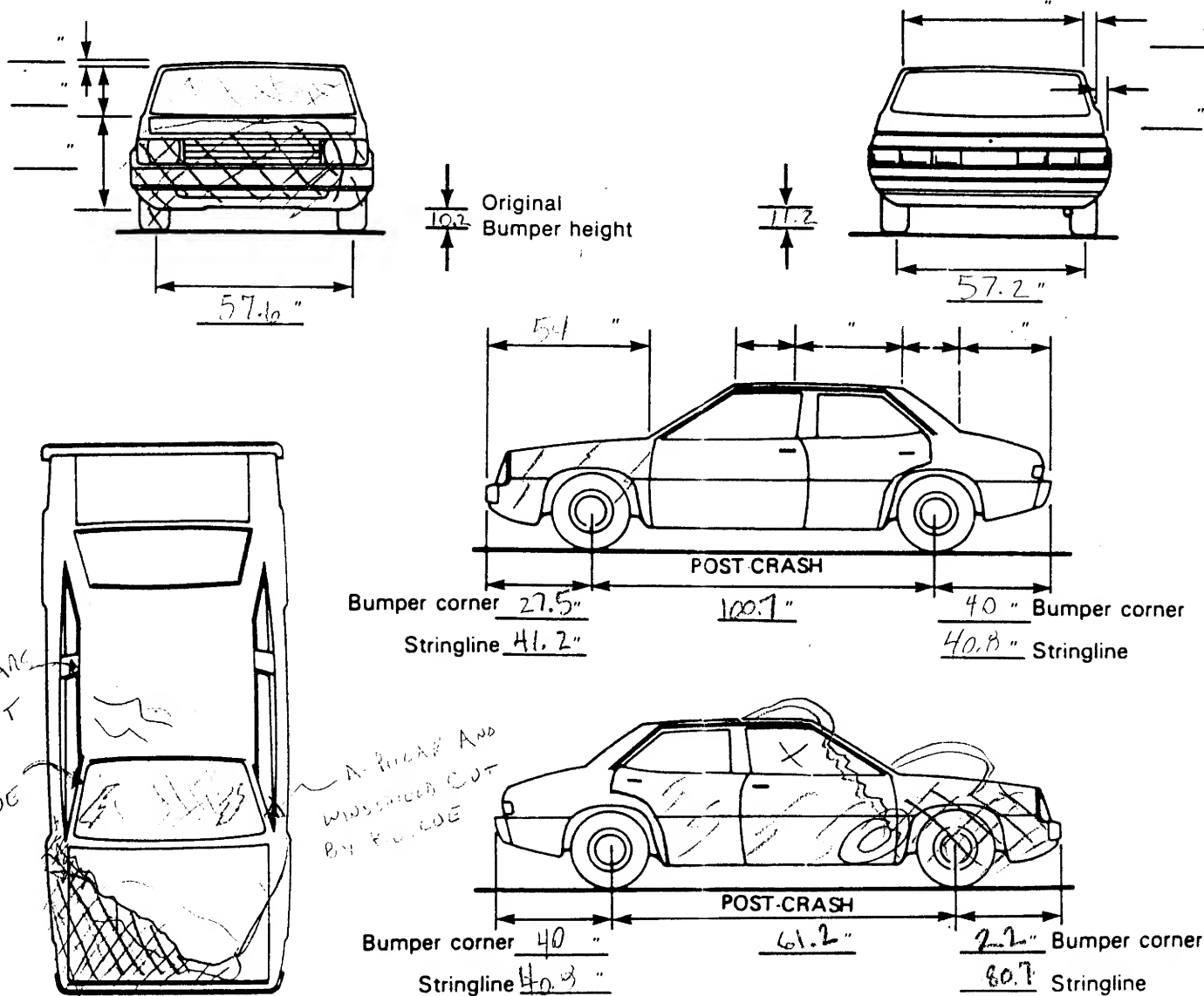
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>103.5</u> Overall Length <u>182.7</u> Maximum Width <u>68.1</u> Curb Weight <u>2972</u> Average Track <u>57.4</u> Front Overhang <u>38.4</u> Rear Overhang <u>40.8</u> Engine Size: cyl./displ. <u>V6/2.5L</u> Undeformed End Width <u>64</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm <u>0.5</u> ° LF \pm _____ ° RR \pm _____ ° LR \pm _____ ° Within \pm 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD			
				Approximate Cargo Weight <u>0</u>			



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>06</u>

Second Highest Delta "V"

12. <u> </u>	13. <u> </u>	14. <u> </u>	15. <u> </u>	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>
-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

CRUSH PROFILE

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ± D
<u>064</u>	<u>15</u>	<u>35</u>	<u>44</u>	<u>50</u>	<u>53</u>	<u>62</u>	<u>+006</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ± D
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

26. Are CDCs Documented but Not Coded on The Automated File?
(0) No
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

28. Original Wheelbase
Code to the nearest tenth of an inch
(9999) Unknown

103.5

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle? 0

(0) No post manufacturer modifications

(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence 0

(0) No fire

Yes, fire occurred

(1) Minor

(2) Major

(9) Unknown

31. Origin of Fire 0

(0) No fire

(1) Vehicle exterior (front, side, back, top)

(2) Exhaust system

(3) Fuel tank (and other fuel retention
system parts)

(4) Engine compartment

(5) Cargo/trunk compartment

(6) Instrument panel

(7) Passenger compartment area

(8) Other location (specify): _____

(9) Unknown

32. Type of Fuel Tank 1

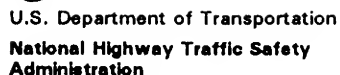
(0) No fuel tank (electrical vehicle)

(1) Metallic

(2) Non-metallic

(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERVIEW FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>ALICE</u>	Interviewee(s) Role or Name(s): _____ _____ _____
2. Case Number - Stratum	<u>9</u> <u>2</u> <u>0</u> <u>3</u>	
3. Vehicle Number	<u>0</u> <u>1</u>	

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

1. DRIVER OF VEHICLE

SPECIFIC QUESTIONS

[illegible]

Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

- | | | |
|--|---|-----------------------------|
| [] PRE-CRASH, AT IMPACT vehicle travel/driver intention | [] Speed estimate (precrash/at impact) | [] Previous vehicle damage |
| [] Direction of travel | [] Post-impact trajectory | [] Glazing type |
| [] Avoidance maneuvers | [] Door status (precrash/postcrash) | [] Vehicle glazing status |
| [] Impact description/orientation | [] Final rest position | [] PAR clarifications |
| | | [] Glove box status |

Cargo? No [] Yes [] Interviewee's Estimated Cargo Weight

Description of Cargo

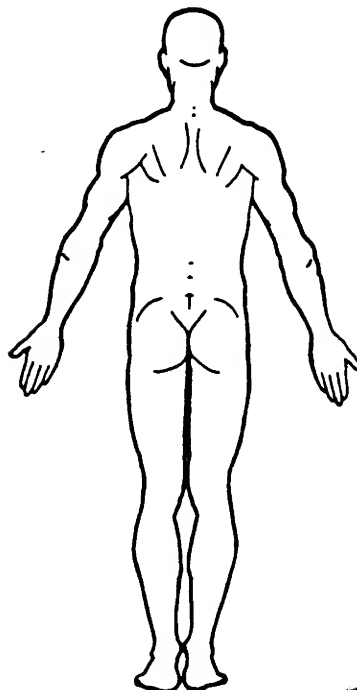
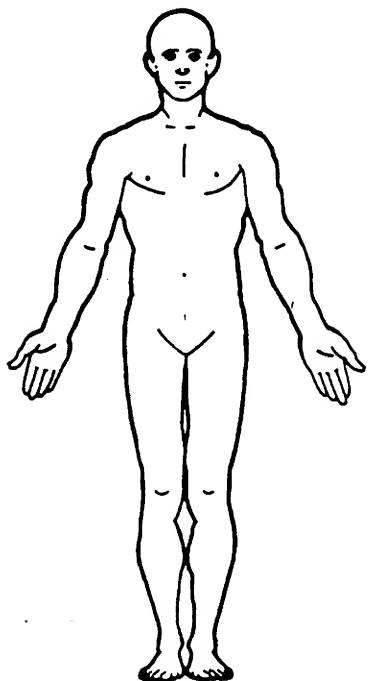
Present Location of Vehicle (if not yet inspected)?:

OCCUPANT DATA

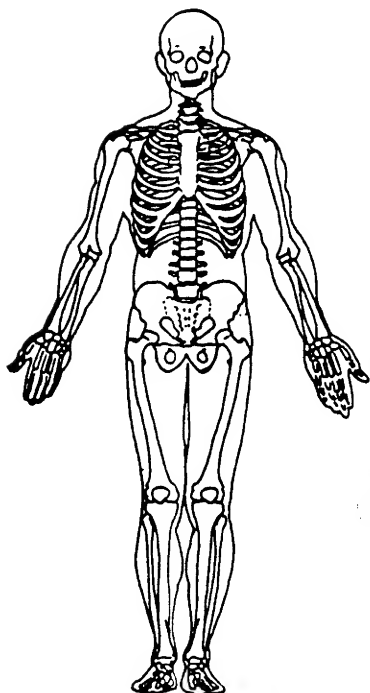
Enter the occupant's seat position in the first row and complete the column below it using the information from the interviewee(s).

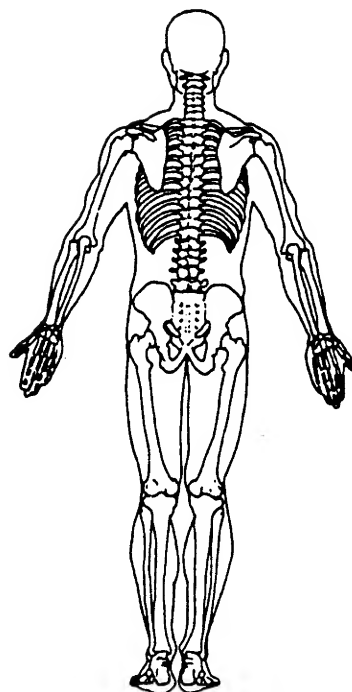
SEAT POSITION	DRIVER			
RACE ? HISPANIC? [] No [] Yes		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
AGE/SEX				
HEIGHT (IN)				
WEIGHT (LBS.)				
POSTURE				
EJECTED? [] No [] Yes				
DESCRIBE THE EJECTION PATH				
ENTRAPPED? [] No [] Yes				
DESCRIBE ENTRAPMENT				
DESCRIBE TYPE OF RESTRAINT				
WERE BELTS WORN? [] No [] Yes				
HOW WHERE THE BELTS WORN?				
DESCRIBE ANY RESTRAINT FAILURES				
TYPE OF TREATMENT				
NAME OF TREATMENT FACILITY				
DAYS IN HOSPITAL?				
NO. OF LOST WORK DAYS?				
FOLLOW-UP TREATMENT				
WOULD YOU SIGN A MEDICAL RELEASE?				

PSU Number _____ Case Number—Stratum _____ Vehicle Number _____ Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES**

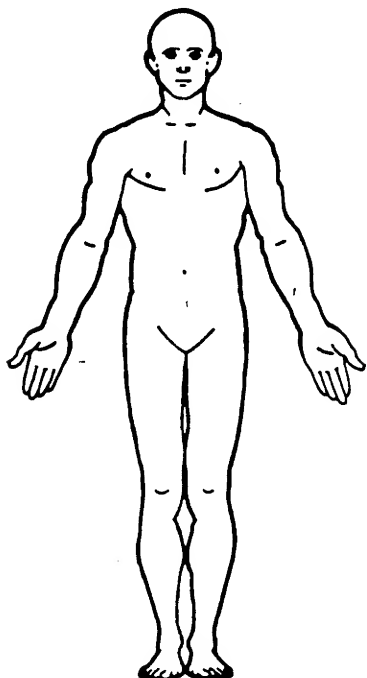
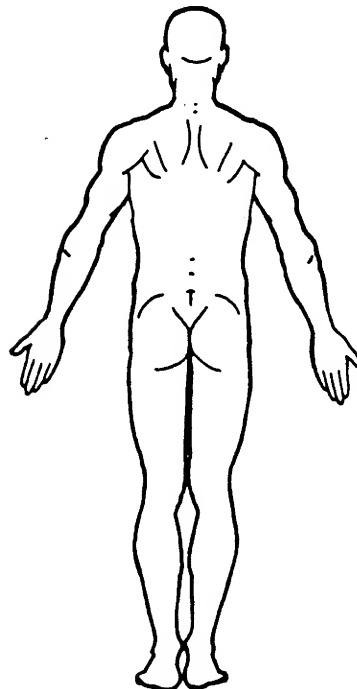
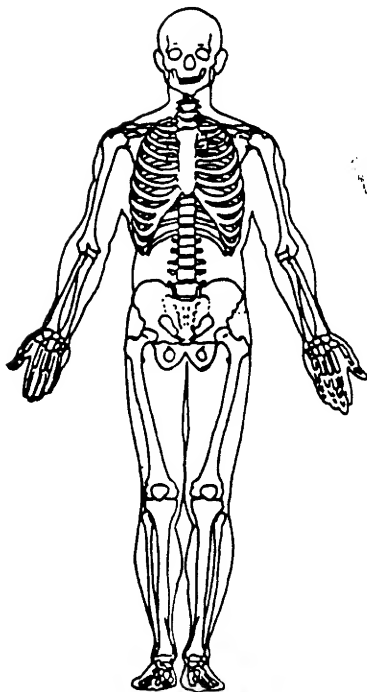
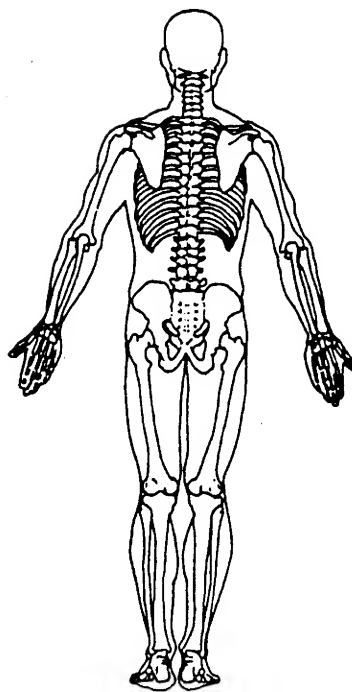
PROGRESSIVE

SKELETAL INJURIESFRACTURED
(R) PELVIS

FRACTURED
(R) TIBIA

The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

PSU Number _____ Case Number—Stratum _____ Vehicle Number _____ Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES**Pneumonia
of
Chest
Trauma**SKELETAL INJURIES**Fractured
RibsFX
lower
extremities

The space provided on the back of this page may be used to document injuries noted by the interviewee(s).



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

NCSI

9203

01

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

41

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

1

7. Occupant's Height

Code actual height to the nearest inch.

(99) Unknown

99

8. Occupant's Weight

Code actual weight to the nearest pounds.

(999) Unknown

999

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

1

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

11

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant Posture

(0) Normal posture

(1) Abnormal posture (specify):

(9) Unknown

9

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

0

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify):

(9) Unknown

0

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

2

15. Medium Status (Immediately Prior To Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

0

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

0

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 0 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts +

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Did Air Bag System Fail? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position) 04
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 1
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify): _____
 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
- (950) Built-in child safety seat
 - (997) Other make/model (specify): _____
 - (998) Unknown make/model
 - (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation
- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify): _____

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 9

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify): _____

(9) Unknown

37. Hospital Stay 99

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 99

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (97) Other result (specify): _____

(99) Unknown

43. Number of Recorded Injuries for This Occupant 02

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 9 7

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 9

- (1) No - blood not given
 (2) Yes - blood given (specify units):
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 9 7

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

UPDATE CANDIDATE? NO [] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES []

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

NC 51

3. Vehicle Number

01

2. Case Number - Stratum

9203

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

O.I.C.-A.I.S

Source
of Injury
Data

Body
Region

Aspect

Lesion

System
Organ

A.I.S.
Severity

Injury
Source

Injury
Source
Confidence
Level

Direct/
Indirect
Injury

Occupant Area
Intrusion No.

1st 5. 8 6. T 7. R 8. F 9. 5 10. 3 11. 09 12. 1 13. 1 14. 00

2nd 15. 8 16. P 17. R 18. F 19. 5 20. 2 21. 97 22. 9 23. 7 24. 99

3rd 25. 26. 27. 28. 29. 30. 31. 32. 33. 34.

4th 35. 36. 37. 38. 39. 40. 41. 42. 43. 44.

5th 45. 46. 47. 48. 49. 50. 51. 52. 53. 54.

6th 55. 56. 57. 58. 59. 60. 61. 62. 63. 64.

7th 65. 66. 67. 68. 69. 70. 71. 72. 73. 74.

8th 75. 76. 77. 78. 79. 80. 81. 82. 83. 84.

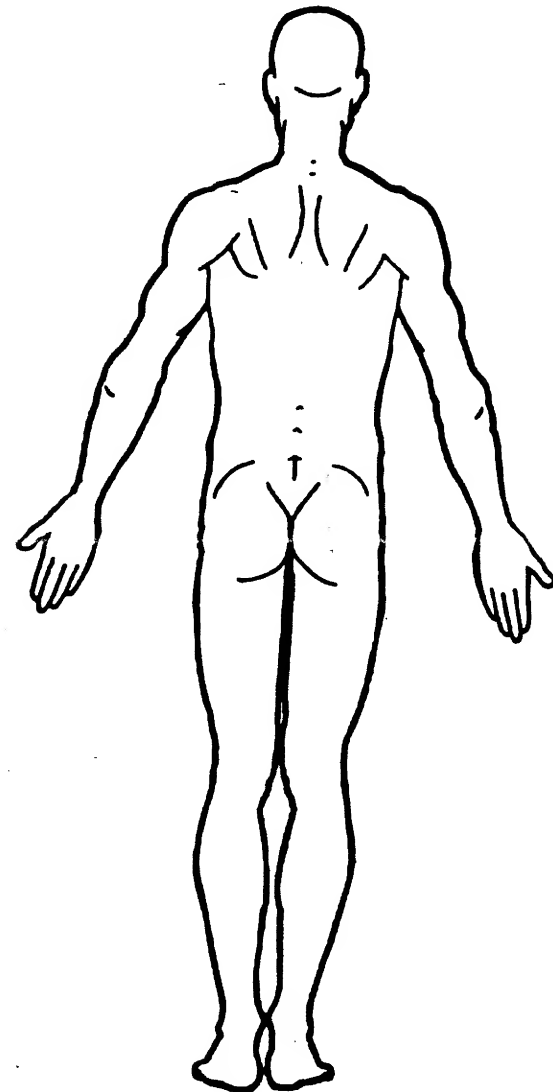
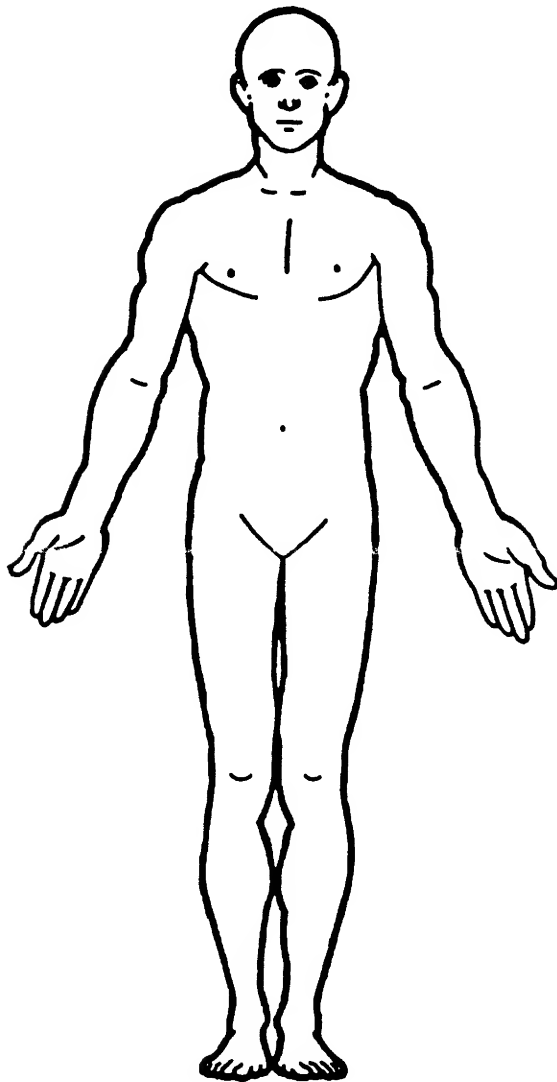
9th 85. 86. 87. 88. 89. 90. 91. 92. 93. 94.

10th 95. 96. 97. 98. 99. 100. 101. 102. 103. 104.

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

UNAVAILABLE



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood
Gases

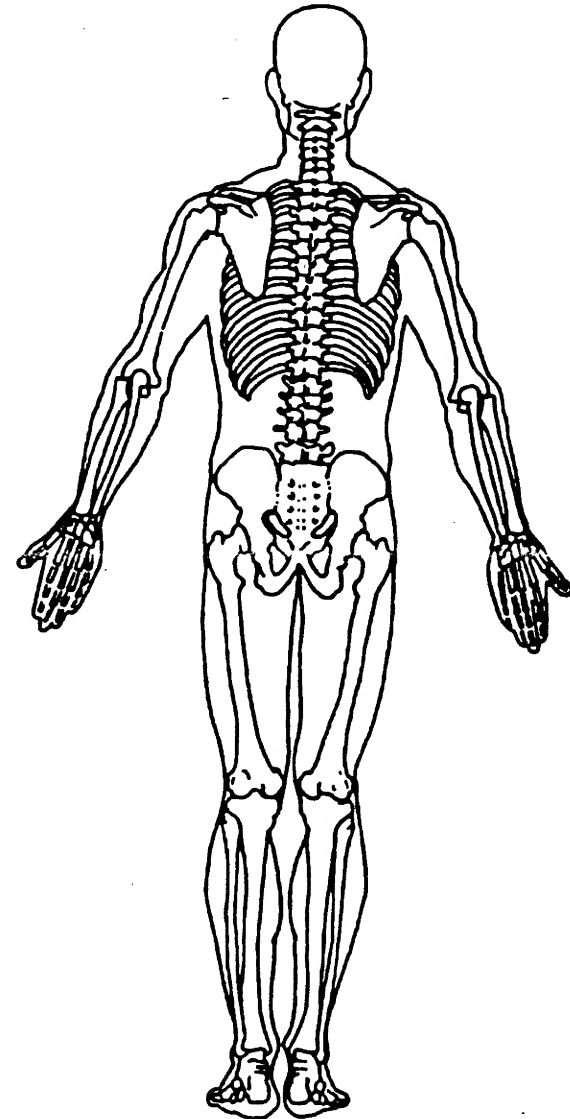
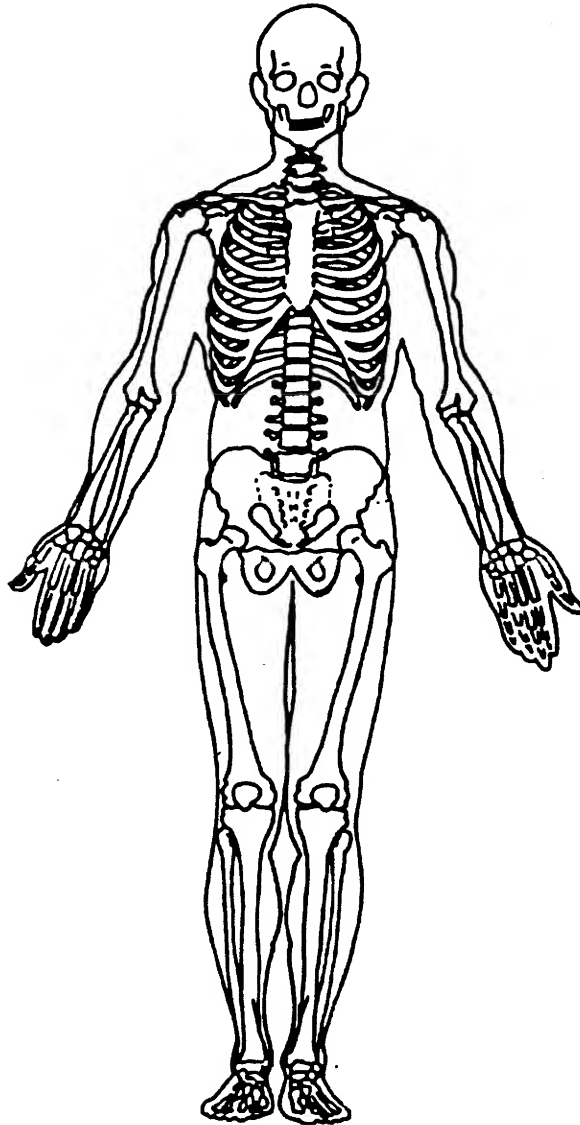
pH = ___

PO₂ = ___

PCO₂ ___

HCO₃ ___

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.

- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limbs(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist-hand

Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

(F) Fracture

- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

(L) Liver

- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number NCSI
2. Case Number - Stratum 9203
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 41
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 99
Code actual height to the nearest inch.
(99) Unknown
8. Occupant's Weight 999
Code actual weight to the nearest pounds.
(999) Unknown
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown
10. Occupant's Seat Position 13
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant
Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant
Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant
Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant
(97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

11. Occupant Posture 9
(0) Normal posture
(1) Abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown
13. Ejection Area 0
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify):
(9) Unknown
14. Ejection Medium 0
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):
(5) Integral structure
(8) Other medium (specify):
(9) Unknown
15. Medium Status (Immediately Prior To Impact) 0
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown
16. Entrapment 1
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 04

(00) None used, not available, or belt removed/destroyed

(01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

(0) None used or not available

(1) Belt used properly

(2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm

(4) Shoulder belt worn behind back or seat

(5) Belt worn around more than one person

(6) Lap belt worn on abdomen

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

(0) No manual belt used

(1) No manual belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

(0) Not equipped/not available

(1) Air bag deployed during accident (as a result of impact)

(2) Air bag deployed inadvertently just prior to accident

(3) Air bag deployed, accident sequence undetermined

(4) Nondeployed

(5) Unknown if deployed

(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(9) Unknown _____

23. Did Air Bag System Fail? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts

24. Police Reported Restraint Use 4

(0) None used

(1) Police did not indicate restraint use

(2) Shoulder belt

(3) Lap belt

(4) Lap and shoulder belt

(5) Belt used, type not specified

(6) Child safety seat

(7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

(0) No head restraints

(1) Integral—no damage

(2) Integral—damaged during accident

(3) Adjustable—no damage

(4) Adjustable—damaged during accident

(5) Add-on—no damage

(6) Add-on—damaged during accident

(8) Other (specify): _____

(9) Unknown _____

26. Seat Type (this Occupant Position) 0 4

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 6

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): SEAT CUSHION
DEFORMED BY INTRUSION
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT28. Child Safety Seat Make/Model 0 0 0

- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
- (950) Built-in child safety seat
- (997) Other make/model (specify): _____
- (998) Unknown make/model
- (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 0 0

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation
- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 032. Child Safety Seat Shield Usage 0 033. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify): _____

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify): _____

(9) Unknown

37. Hospital Stay 0 0

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 6 2

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

39. Time to Death 0 1

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0 141. 2nd Medically Reported Cause of Death 9 942. 3rd Medically Reported Cause of Death 9 9

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (97) Other result (specify): _____
- (99) Unknown

43. Number of Recorded Injuries for This Occupant _____

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/ Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 2

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score 01

- (at Medical Facility)
- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood? 1

- (1) No - blood not given
- (2) Yes - blood given (specify units): _____
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

UPDATE CANDIDATE? NO [] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES []

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

NCSE

3. Vehicle Number

01

2. Case Number - Stratum

9203

4. Occupant Number

02

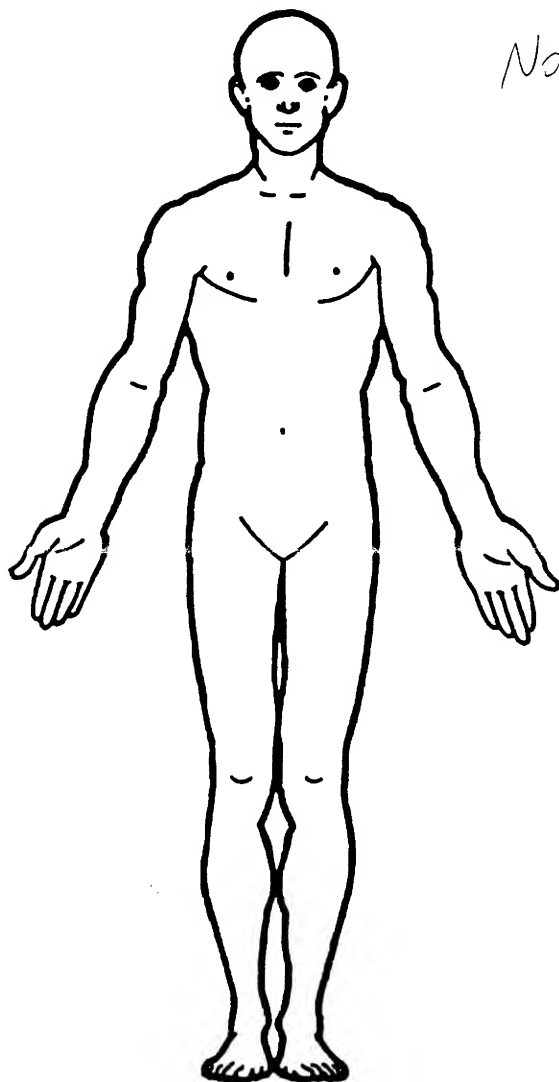
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

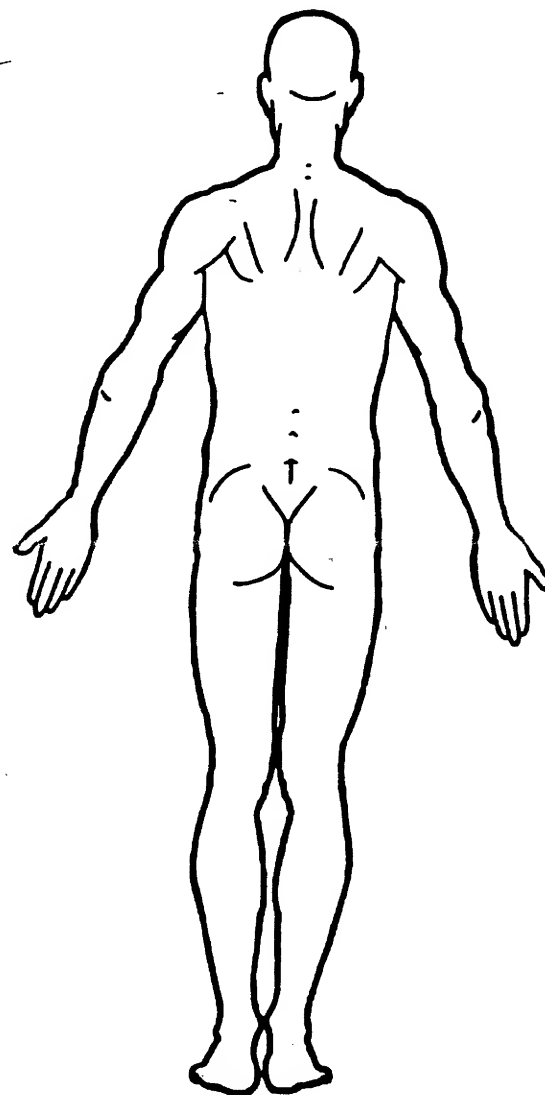
	Source of Injury Data	O.I.C.-A.I.S				Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
		Body Region	Aspect	Lesion	System Organ					A.I.S. Severity
1st	5. <u>8</u>	6. <u>H</u>	7. <u>V</u>	8. <u>V</u>	9. <u>V</u>	10. <u>7</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
2nd	15. <u>8</u>	16. <u>C</u>	17. <u>V</u>	18. <u>V</u>	19. <u>V</u>	20. <u>7</u>	21. <u>97</u>	22. <u>9</u>	23. <u>7</u>	24. <u>99</u>
3rd	25. <u>8</u>	26. <u>C</u>	27. <u>V</u>	28. <u>F</u>	29. <u>S</u>	30. <u>1</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>99</u>
4th	35. <u>8</u>	36. <u>Y</u>	37. <u>R</u>	38. <u>F</u>	39. <u>S</u>	40. <u>2</u>	41. <u>11</u>	42. <u>1</u>	43. <u>1</u>	44. <u>01</u>
5th	45. <u>8</u>	46. <u>Y</u>	47. <u>L</u>	48. <u>F</u>	49. <u>S</u>	50. <u>2</u>	51. <u>11</u>	52. <u>1</u>	53. <u>1</u>	54. <u>01</u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



NOT AVAILABLE



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**O.I.C. Body Region**

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limbs(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist-hand

Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood
Gases

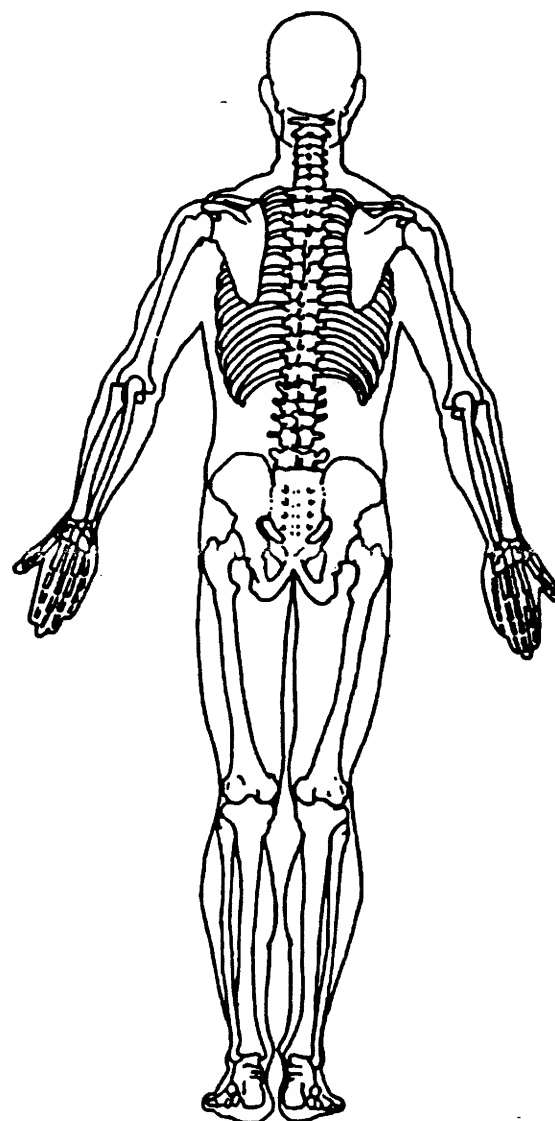
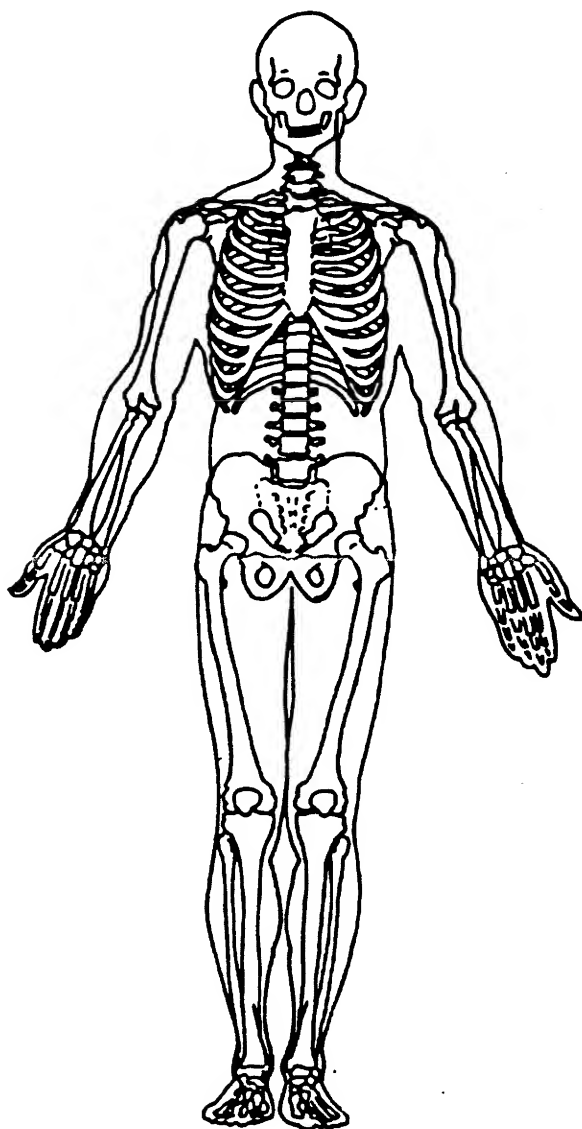
pH = ___

PO₂ = ___

PCO₂ ___

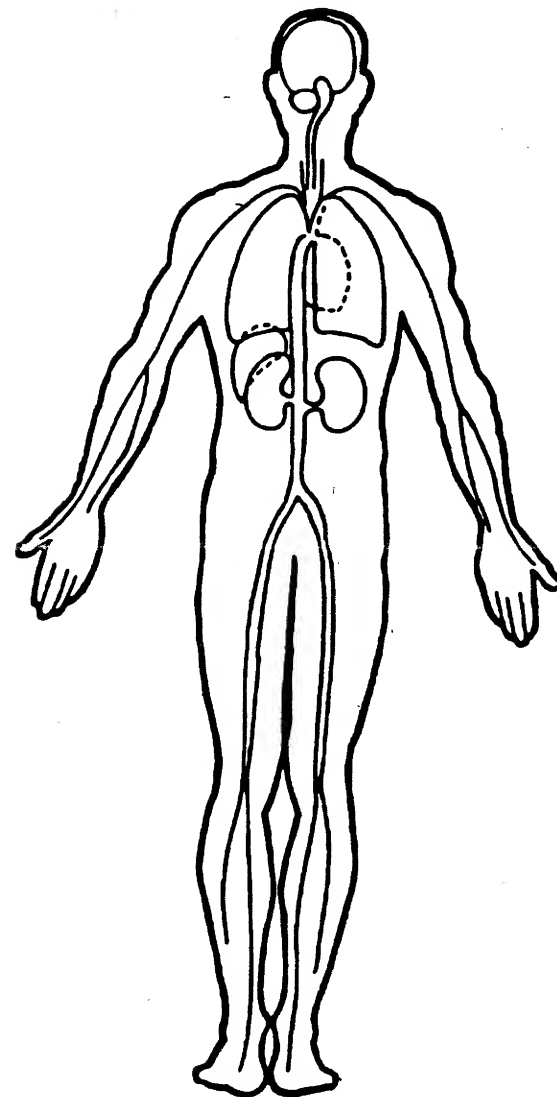
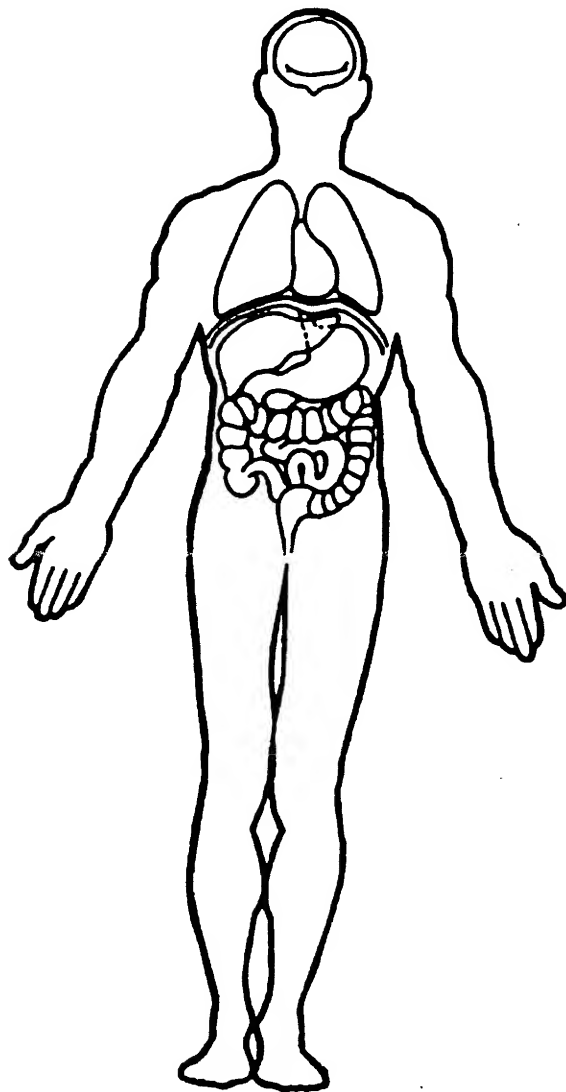
HCO₃ ___

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

NCSI

2. Case Number - Stratum

92-03

3. Vehicle Number

02

VEHICLE IDENTIFICATION

4. Vehicle Model Year

92

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

GEO

20

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

PRISM

032

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

04

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1Y1S K5464N

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

10. Police Reported Travel Speed

99

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol Presence

- (0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

9

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

- Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

97

Source: _____

ACCIDENT RELATED

13. Speed Limit

- (00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

55

14. Attempted Avoidance Maneuver

- (00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

03

15. Accident Type

- Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

50

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):

(09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 10,000$ lbs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravado, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 10,000$ lbs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 10,000$ lbs GVWR)
- (23) Van based motorhome ($\leq 10,000$ lbs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):

(29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 10,000$ lbs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 10,000$ lbs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
- (59) Unknown bus type

Medium/Heavy Trucks ($> 10,000$ lbs GVWR)

- (60) Step van ($> 10,000$ lbs GVWR)
- (61) Single unit straight truck ($10,000$ lbs $<$ GVWR $\leq 19,500$ lbs)
- (62) Single unit straight truck ($19,500$ lbs $<$ GVWR $\leq 26,000$ lbs)
- (63) Single unit straight truck ($> 26,000$ lbs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 03
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 03

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 02,400
~~2925~~ Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown
 Source: [REDACTED]
20. Vehicle Cargo Weight 0100
 Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact
- Override (see specific CDC)*
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

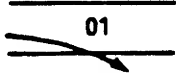
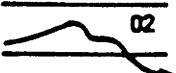
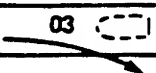
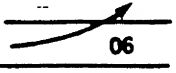


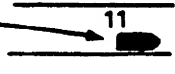

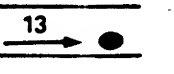
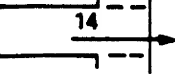
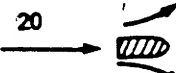

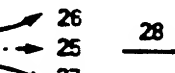
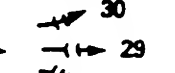

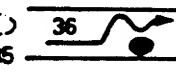
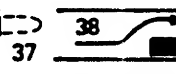
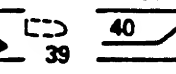
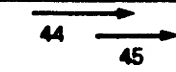
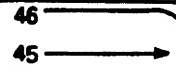

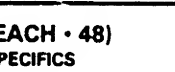



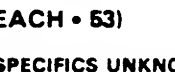

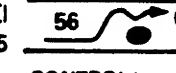

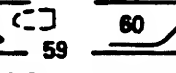



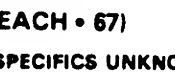
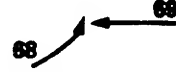
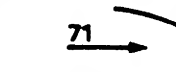
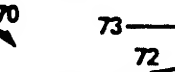

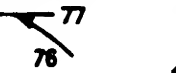
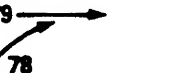
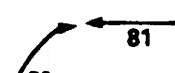
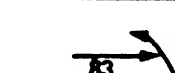
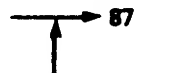


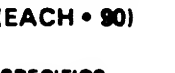
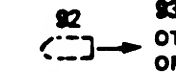



- Underride (see specific CDC)*
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 078
28. Heading Angle For Other Vehicle 273

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 28, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 LATERAL MOVE	 46 LATERAL MOVE	 48 LATERAL MOVE	 50 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	 52 LATERAL MOVE	 54 LATERAL MOVE	 56 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER (EACH • 53) SPECIFICS UNKNOWN
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/Angle	 64 LATERAL MOVE	 66 LATERAL MOVE	 68 LATERAL MOVE	 70 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 INITIAL OPPOSITE DIRECTIONS	 74 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	 80 TURN INTO SAME DIRECTION	 82 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 STRAIGHT PATHS	 88 STRAIGHT PATHS	 90 STRAIGHT PATHS	 92 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	 98 OTHER ACCIDENT TYPE	 99 UNKNOWN ACCIDENT TYPE	98 Other Accident Type 99 Unknown Accident Type 00 No Impact

29. Basis for Total Delta V (highest) 1*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

51.2 Nearest mph

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of
Delta V+ 51 Nearest mph

(NOTE: 00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(99) Unknown

Secondary Highest

32. Lateral Component of Delta V

6.7 Nearest mph

(NOTE: 00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(99) Unknown

33. Energy Absorption

190.600 Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 foot-lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction 2
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

FROM PHOTOS ONLY

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence 0

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver 0

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination using DEC process
- (2) Behavioral
- (3) Other physical observation/perception determination (specify): _____
- (4) DEC process available, unknown if determination made
- (5) DEC process not available, unknown if other observation/perception test given
- (7) Other observation/perception test (specify): _____
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 9

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC	
	Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>9</u>
Depressant Drug	42. <u>0</u>	43. <u>9</u>
Stimulant Drug	44. <u>0</u>	45. <u>9</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>9</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>0</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>9</u>
Inhalant Drug	52. <u>0</u>	53. <u>9</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>9</u>

Codes For Observation/Perception Test Results

- (0) No DEC observation/perception test given
- (1) Passed DEC observation/perception test
- (2) Failed DEC observation/perception test
- (3) DEC observation/perception test given—
results unknown
- (8) No driver present
- (9) Unknown if DEC observation/perception
test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or
not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Hearse
 (8) Fire truck or car
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify):
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

PRECRAASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (\leq 4 inches in diameter)
- (42) Tree ($>$ 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 4 inches in diameter)
- (51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
- (52) Pole or post ($>$ 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

PRECRASH DATA (Continued)**65. Critical Precrash Event** 10*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (93) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 2

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number <u>NCSI</u>		3. Vehicle Number <u>02</u>	
2. Case Number - Stratum <u>9203</u>			

VEHICLE IDENTIFICATION

VIN _____ Model Year 92
Vehicle Make (specify): GEO Vehicle Model (specify): PRISM

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

- a. Rotation physically restricted b. Tire deflated

RF _____
LF _____
RR _____
LR _____

RF _____
LF _____
RR _____
LR _____

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☐ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase 95.7
Overall Length 170.7
Maximum Width 65.2
Curb Weight 2435
Average Track _____
Front Overhang 34.8
Rear Overhang 40.2
Engine Size: cyl./displ. _____
Undeformed End Width 60

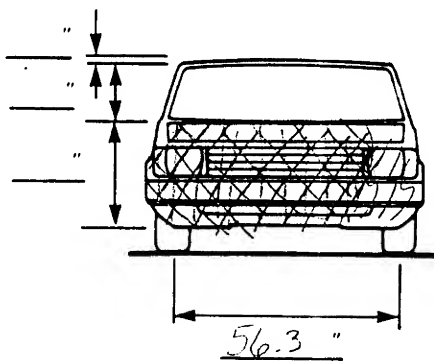
WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

RF ± _____ °
LF ± _____ °
RR ± _____ °
LR ± _____ °
Within ± 5 degrees

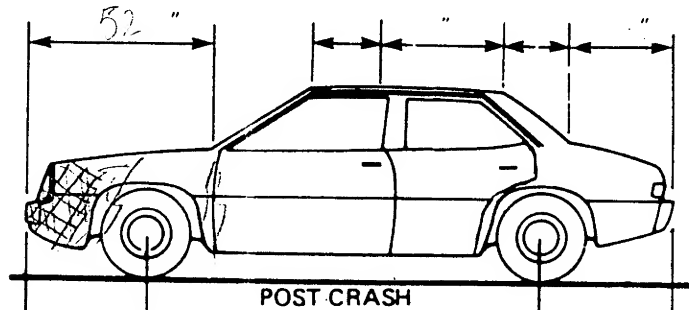
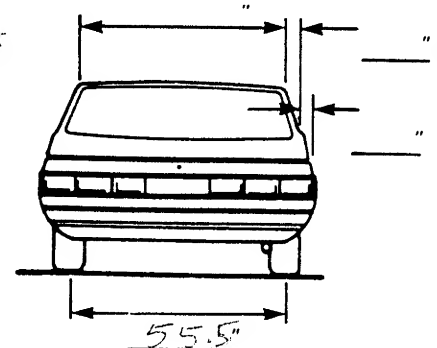
DRIVE WHEELS

☐ FWD ☐ RWD ☐ 4WD

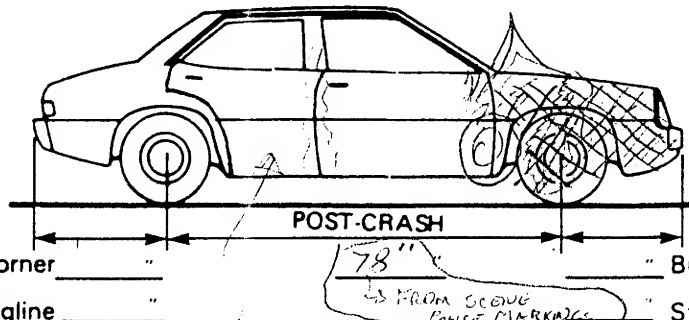
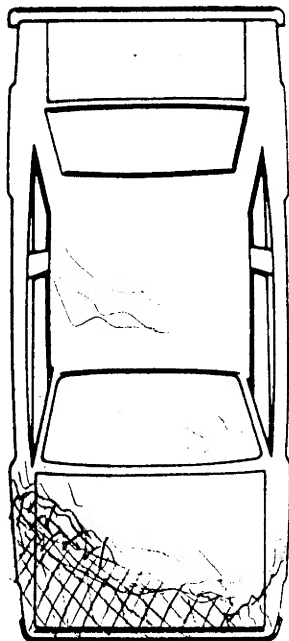
Approximate
Cargo Weight _____



Original
Bumper height
19.1



Bumper corner _____ " " " Bumper corner
Stringline _____ " " Stringline



Bumper corner _____ " " Bumper corner
Stringline _____ " " Stringline

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
(32) Fire or explosion
(33) Jackknife
(34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
(42) Tree (> 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment
(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify):

- (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) **Animal**

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>06</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>060</u>	<u>12</u>	<u>22</u>	<u>30</u>	<u>30</u>	<u>44</u>	<u>53</u>	<u>+006</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
_____	_____	_____	_____	_____	_____	_____	<u>+</u> <u>-</u>

26. Are CDCs Documented but Not Coded on The Automated File? 0
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 095.7
Code to the nearest tenth of an inch
(9999) Unknown

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

32. Type of Fuel Tank

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERVIEW FORM

1. Primary Sampling Unit Number _____	Interviewee(s) Role or Name(s): _____ _____ _____
2. Case Number - Stratum _____	
3. Vehicle Number _____	

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

SPECIFIC QUESTIONS

Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

- | | | |
|--|---|--|
| <input type="checkbox"/> PRE-CRASH, AT IMPACT
vehicle travel/driver intention | <input type="checkbox"/> Speed estimate (precrash/at
impact) | <input type="checkbox"/> Previous vehicle damage |
| <input type="checkbox"/> Direction of travel | <input type="checkbox"/> Post-impact trajectory | <input type="checkbox"/> Glazing type |
| <input type="checkbox"/> Avoidance maneuvers | <input type="checkbox"/> Door status (precrash/postcrash) | <input type="checkbox"/> Vehicle glazing status |
| <input type="checkbox"/> Impact description/orientation | <input type="checkbox"/> Final rest position | <input type="checkbox"/> PAR clarifications |
| | | <input type="checkbox"/> Glove box status |

Cargo? No ☐ Yes ☐ Interviewee's Estimated Cargo Weight _____

Description of Cargo _____

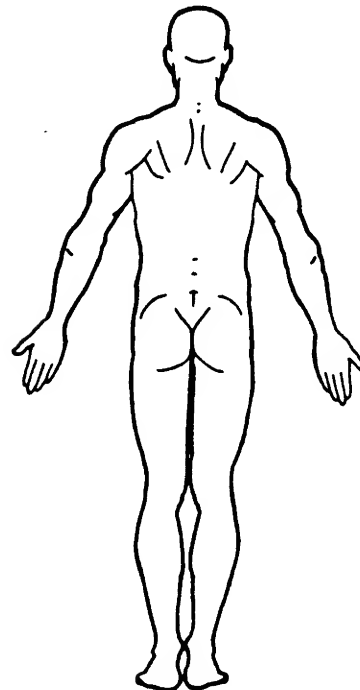
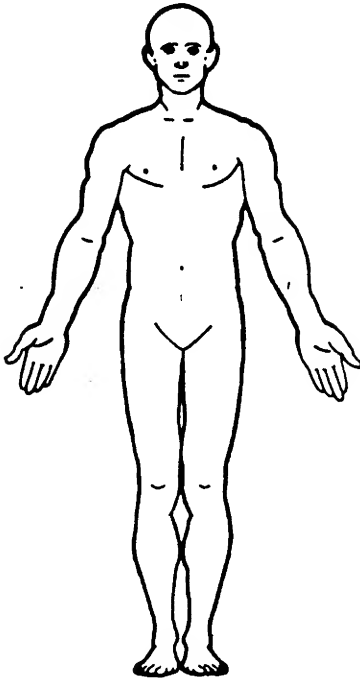
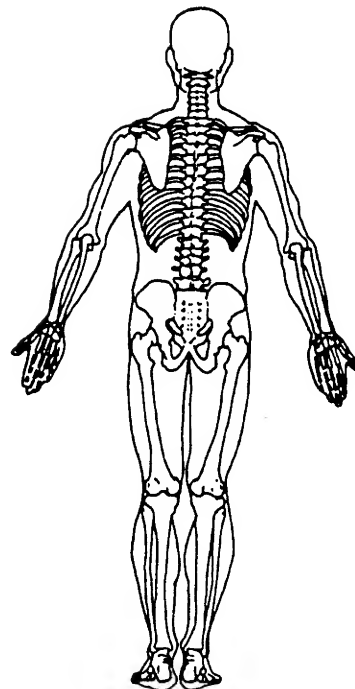
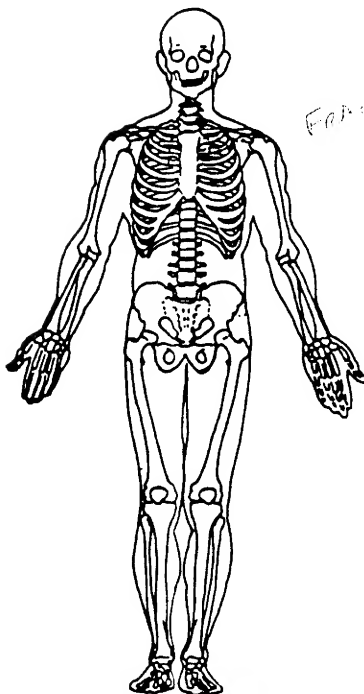
Present Location of Vehicle (if not yet inspected)? _____

OCCUPANT DATA

Enter the occupant's seat position in the first row and complete the column below it using the information from the interviewee(s).

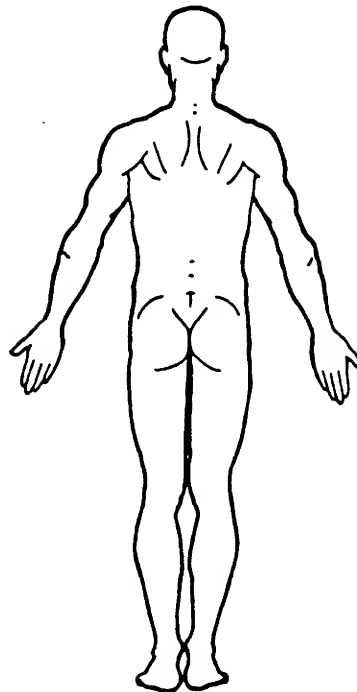
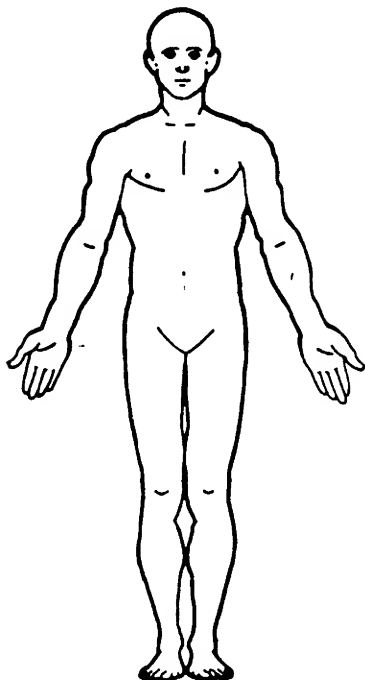
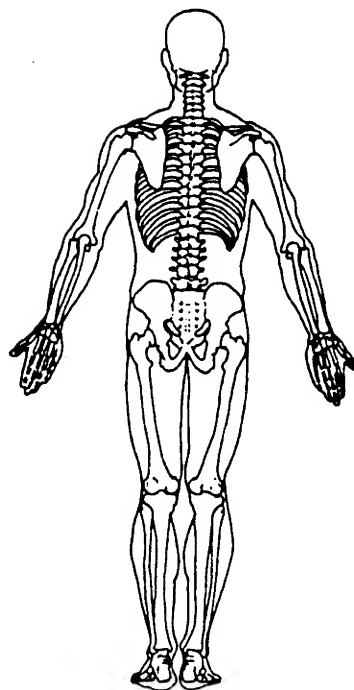
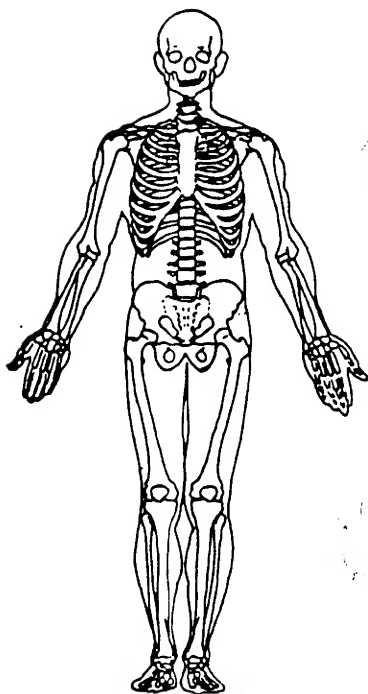
SEAT POSITION	DRIVER			
RACE ? HISPANIC? [] No [] Yes		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
AGE/SEX				
HEIGHT (IN)				
WEIGHT (LBS.)				
POSTURE				
EJECTED? [] No [] Yes				
DESCRIBE THE EJECTION PATH				
ENTRAPPED? [] No [] Yes				
DESCRIBE ENTRAPMENT				
DESCRIBE TYPE OF RESTRAINT				
WERE BELTS WORN? [] No [] Yes				
HOW WHERE THE BELTS WORN?				
DESCRIBE ANY RESTRAINT FAILURES				
TYPE OF TREATMENT				
NAME OF TREATMENT FACILITY				
DAYS IN HOSPITAL?	STILL IN ICU 102			
NO. OF LOST WORK DAYS?				
FOLLOW-UP TREATMENT				
WOULD YOU SIGN A MEDICAL RELEASE?				

PSU Number _____ Case Number—Stratum _____ Vehicle Number _____ Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

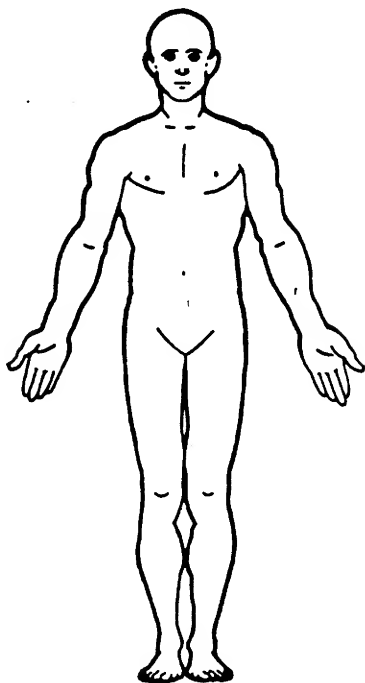
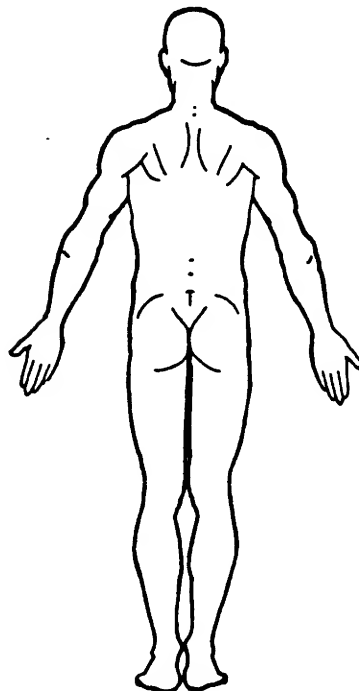
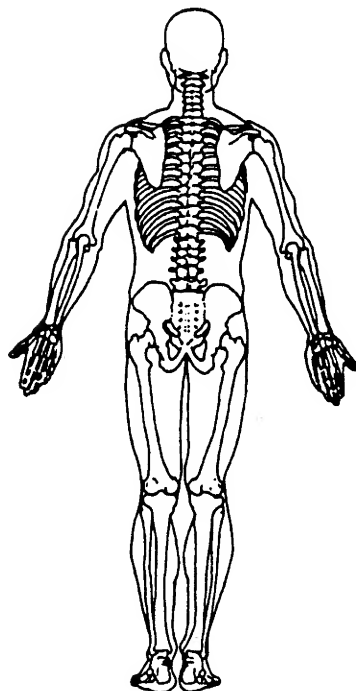
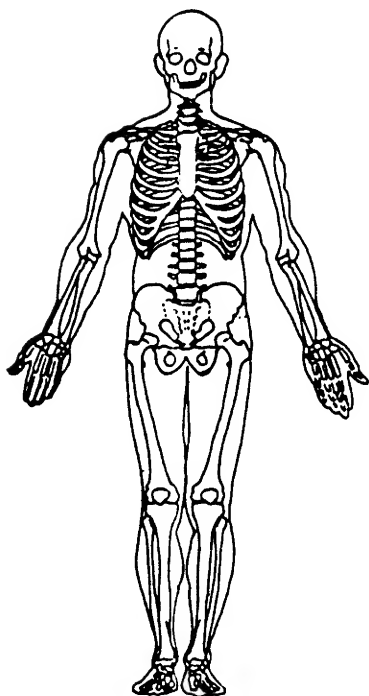
The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

PSU Number _____ Case Number—Stratum _____ Vehicle Number _____ Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

PSU Number _____ Case Number—Stratum _____ Vehicle Number _____ Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES***INTERNAL
INJURIES***SKELETAL INJURIES**

The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

APPENDIX C:
Airbag Supplement

90

SYSTEM READINESS LAMP (in Instrument Cluster)		AIRBAG VEHICLE FIRST HARMFUL EVENT	<u>13</u>
<p>PRE-IMPACT LAMP CONDITION</p> <p>(1) Functioning/ProvedOut (2) Inoperative (9) Unknown</p>	<u>9</u>	<p>(01) Fire or explosion (02) Immersion (03) Gas Inhalation (04) Fell from vehicle (05) Injured in vehicle (06) Other noncollision (specify): (07) Overturn (08) Jackknife with intraunit damage Collision With: (09) Pedestrian (10) Pedalcyclist (11) Railway train (12) Animal (13) Motor vehicle in transport (same roadway) (14) Motor vehicle in transport (other roadway) (15) Parked motor vehicle (16) Other type nonmotorist (specify): (17) Thrown or falling object (18) Boulder Collision with Fixed Object: (20) Building (21) Impact attenuator/Crash Cushion (22) Bridge pier or abutment (23) Bridge parapet end (24) Bridge rail (25) Guardrail (26) Concrete traffic barrier (27) Median barrier (28) Other longitudinal barrier (specify): (29) Highway/Traffic sign post (30) Overhead sign support (31) Luminaire/Light support (32) Utility pole (33) Other post. pole, or support (specify): (34) Culvert (35) Curb (36) Ditch (37) Embankment-earth (38) Embankment-rock, stone or concrete (39) Fence (wooden, wire, chain link, etc.) (40) Wall (stone, rock, metal, etc.) (41) Fire hydrant (42) Shrubby (43) Tree (44) Other fixed object (specify): (45) Pavement surface irregularity (pothole, grooved, grates) (99) Unknown</p>	
<p>DRIVER'S REPORT OF PRE-IMPACT FLASHING</p> <p>(00) No Flashing Reported (01) Continuous Flashing (02) -->Number of Flashes (11) (12) Constant Light (19) Flashing, Unkn Number (88) Not App (system removed) (99) Unknown</p>	<u>99</u>		
<p>PERIOD OF PRE-IMPACT FLASHING</p> <p>(0) No Flashing (1) Same Day as Impact (2) Prior Day (3) Prior Two Days (4) Prior Week (5) Prior Month (6) Over One Month (9) Unknown</p>	<u>9</u>		
<p>POST-IMPACT LAMP CONDITION</p> <p>(1) Functioning/ProvedOut (2) Inoperative (9) Unknown</p>	<u>2</u>		
<p>POST-IMPACT FLASHING</p> <p>(00) No Flashing (01) Continuous Flashing (02) -->Number of Flashes (11) (12) Constant Light (19) Flashing, Unkn Number (88) Not Appl (removed) (99) Unknown</p>	<u>00</u>		

AIRBAG VEHICLE IMPACT SUMMARY

VEHICLE ROLE

- (0) Non-collision
 (1) Striking Unit
 (2) Struck Unit
 (3) Both Striking and Struck
 (9) Unknown

MANNER OF LEAVING SCENE

- (1) Driven
 (2) Towed-due to damage
 (3) Towed - not for damage
 (4) Towed - details unknown
 (5) Abandoned
 (9) Unknown

NUMBER OF IMPACT EVENTS

- (8) 8 or more, (9) Unknown

ROLLOVER

- (0) No Rollover
 (1) First Event
 (2) Subsequent Event
 (3) Yes, Unknown Event
 (9) Unknown

OVERRIDE/UNDERRIDE

- (1) No over/underride
 (1) Override - 1st CDC
 (3) - Other CDC
 (4) Underride - 1st CDC
 (6) - Other CDC
 (9) Unknown

AIRBAG VEHICLE DAMAGE

- CODES: (1) Yes, DAMAGED
 (2) No Damage
 (9) Unknown

LEFT FRONT FENDER DAMAGE

RIGHT FRONT FENDER DAMAGE

CENTER TOP OF GRILLE DAMAGE

FRONT BUMPER E.A. STATUS: Left

- (1) Normal Right
 (2) Extended
 (3) Partial Compression
 (4) Complete Compression
 (5) Not Applicable
 (9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

CONFIGURATION

- (0) Struck Object or Pedestrian
 (1) Rear-End
 (2) Head-On
 (3) Rear-to-Rear
 (4) Angle
 (5) Sideswipe - Same Direction
 (6) Sideswipe-Opposite Direct.
 (7) NonCollision Fell from Veh
 (8) NonImpact Deployment
 (9) Unknown

CDC

OBJECT CONTACTED:

PRIMARY/DEPLOYMENT IMPACT:

EVENT NUMBER

TOTAL DELTA-V

LONGITUDINAL DELTA-V

CONFIGURATION

- (0) Struck Object or Pedestrian
 (1) Rear-End
 (2) Head-On
 (3) Rear-to-Rear
 (4) Angle
 (5) Sideswipe - Same Direction
 (6) Sideswipe-Opposite Direct.
 (7) NonCollision Fell from Veh
 (8) NonImpact Deployment
 (9) Unknown

CDC 12 - F D E W - 6OBJECT CONTACTED: V2

NOTES:

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged*
 (2) No, Intact
 (8) Not App. (Removed)
 (9) Unknown

AIRBAG MODULE

SENSORS: Left Front

Center Front

Right Front

Rear, Cowl

DIAGNOSTIC MODULE

WIRING

KNEE DIVERter

INDICATION OF DISCONNECTED
 OR LOOSE ELECTRICAL
 CONNECTORS

299999982

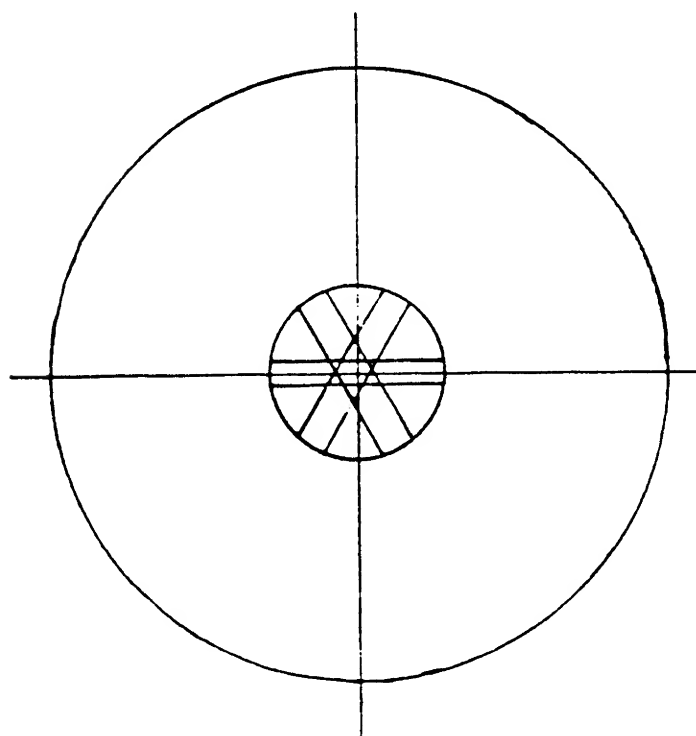
CONDITION OF DEPLOYED BAG

(1) Bag Intact
 (2) Split or Torn*
 (3) Cut by Object in Impact*
 (4) Cut after Accident*
 (5) Other (e.g., burned)*
 (8) N/A (not deployed)
 (9) Unknown

1

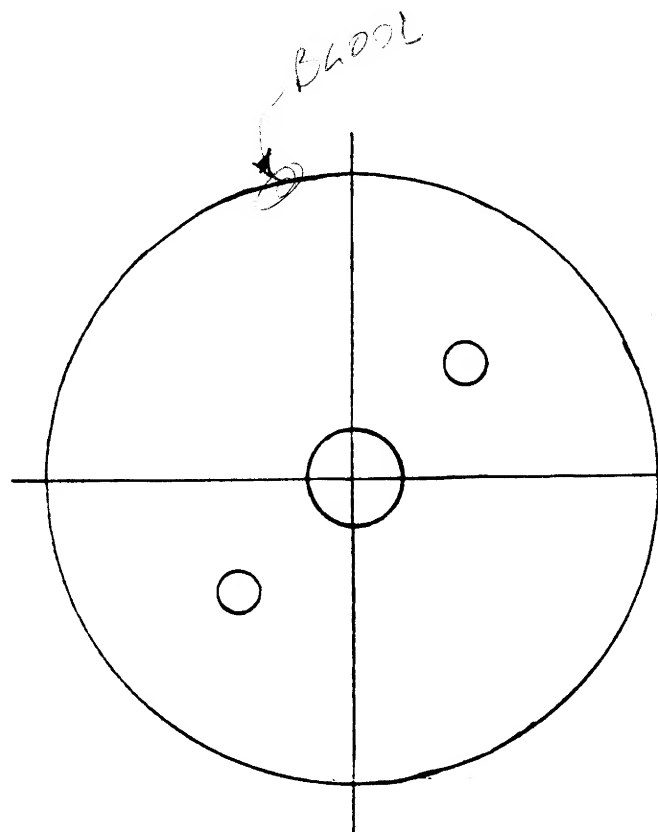
*DESCRIBE System and Bag Damage:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:



FRONT

TOP



BOTTOM

BACK

OCCUPANTS of AIRBAG CAR		NOTES:
NUMBER OF OCCUPANTS IN VEHICLE (8) 8 or more	<u>2</u>	
NUMBER OF INJURED PERSONS	<u>2</u>	
MAXIMUM AIS IN AIRBAG VEHICLE (0) No Injury (1-6) AIS Severity (7) Injured, Unknown Severity (9) Unknown	<u>6</u>	
DRIVER AGE <u>41</u> SEX <u>M</u>		
NUMBER OF DRIVER INJURIES	<u>2</u>	
SOURCE OF BEST INJURY DATA	<u>7</u>	
<ul style="list-style-type: none">(0) Not injured(1) Autopsy w/wo med. records(2) Hospital Medical Records(3) Emergency Room only(4) Private physician, Clinic(5) Lay Coroner Report(6) EMS Personnel(7) Interviewee(8) Police(9) Unknown		

MAXIMUM AIS BY BODY REGION		
REGION	MAX AIS	CONTACT
Head/Neck/Face	_____	_____
Chest	_____	_____
Abdomen	_____	_____
Leg/Hips	<u>3</u>	<u>09</u>
Other (Arms)	_____	_____
DRIVER MAXIMUM	_____	_____

EJECTION: Extent <u>NONE</u>		
Portal _____		

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown 1

Evidence: BELT WEAVING IS STRETCHED

DRIVER POSTURE: Any Comments Recorded (1) Yes, (2) No 2

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No 1

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

WAS WEARING SUNGLASSES - ONE LENS WAS
BROKEN

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No 2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT (1) Yes, (2) No, (9) Unknown 2

Describe: _____

Appendix D:

CRASH 3



CRASHPC PROGRAM SUMMARY

Identifying Title <u>NCSE</u>	<u>92-03</u> Case No.-Stratum	<u>01</u> Accident Event Sequence No.	<u>92</u> Date (Month, day, year) of Run
----------------------------------	----------------------------------	---	---

CRASHPC Vehicle Identification			
Vehicle 1	<u>1992</u>	<u>CHRYSLER</u>	<u>LEBARON</u>
Vehicle 2	<u>1992</u>	<u>GE</u>	<u>PRISM</u>
	Year	Make	Model
			NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	<u>2972</u> + <u>316</u> + <u>100</u> = <u>3388</u>	Size	<u>2435</u> + <u>330</u> + <u>100</u> = <u>2865</u>
Weight		Weight	
CDC	<u>12FDEW6</u>	CDC	<u>12FDEW6</u>
PDOF	<u>+10</u>	PDOF	<u>-10</u>
Stiffness	<u>9</u>	Stiffness	<u>9</u>

SCENE INFORMATION

Rest and Impact Positions [] No, Go To Damage Information [] Yes	
VEHICLE 1	VEHICLE 2
Rest Position	Rest Position
X <u>16.0</u>	X <u>4.0</u>
Y <u>-53.33</u>	Y <u>-50.75</u>
PSI <u>96</u>	PSI <u>50.0</u>
Impact Position	Impact Position
X <u>7.75</u>	X <u>7.33</u>
Y <u>-56.0</u>	Y <u>-40.9</u>
PSI <u>78</u>	PSI <u>273</u>
Slip Angle	Slip Angle

VEHICLE MOTION

Sustained Contact [X] No [] Yes	
VEHICLE 1	VEHICLE 2
Skidding [] No [X] Yes	Skidding [] No [X] Yes
Skidding Stop Before Rest [X] No [] Yes	Skidding Stop Before Rest [X] No [] Yes
Impact Position	Impact Position
X	X
Y	Y
PSI	PSI
Curved Path [X] No [] Yes	Curved Path [X] No [] Yes
Point on Path	Point on Path
X	X
Y	Y
Rotation Direction [] None [X] CW [] CCW	Rotation Direction [] None [X] CW [] CCW
Rotation >360° [X] No [] Yes	Rotation >360° [X] No [] Yes

FRICTION INFORMATION

Coefficient of Friction .8
 Rolling Resistance Option 1

Vehicle 1 Rolling Resistance

LF 1.0 RF 1.0
 LF 1.0 RF 1.0

Vehicle 2 Rolling Resistance

LF 1.0 RF 1.0
 LF 1.0 RF 1.0

TRAJECTORY INFORMATION

Trajectory Data ☒ No ☐ Yes
If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ RF _____
 LF _____ RF _____

Vehicle 2 Steer Angles

LF _____ RF _____
 LF _____ RF _____

Terrain Boundary ☐ No ☐ Yes

First Point

X _____ Y _____

Second Point

X _____ Y _____

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length 64.0

Crush Depths
 C1 14.5
 C2 34.5
 C3 44.0
 C4 49.5
 C5 52.75
 C6 62.0

Damage Offset ⊕ 6.0

VEHICLE 2

Damage Length 60.0

Crush Depths
 C1 12.0
 C2 22.0
 C3 30.0
 C4 38.0
 C5 44.0
 C6 52.5

Damage Offset ⊕ 6.0

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE *NOT IN TRANSPORT*, FILL IN THE INFORMATION BELOW.

Model Year: _____

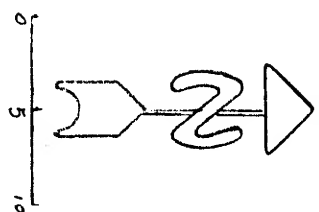
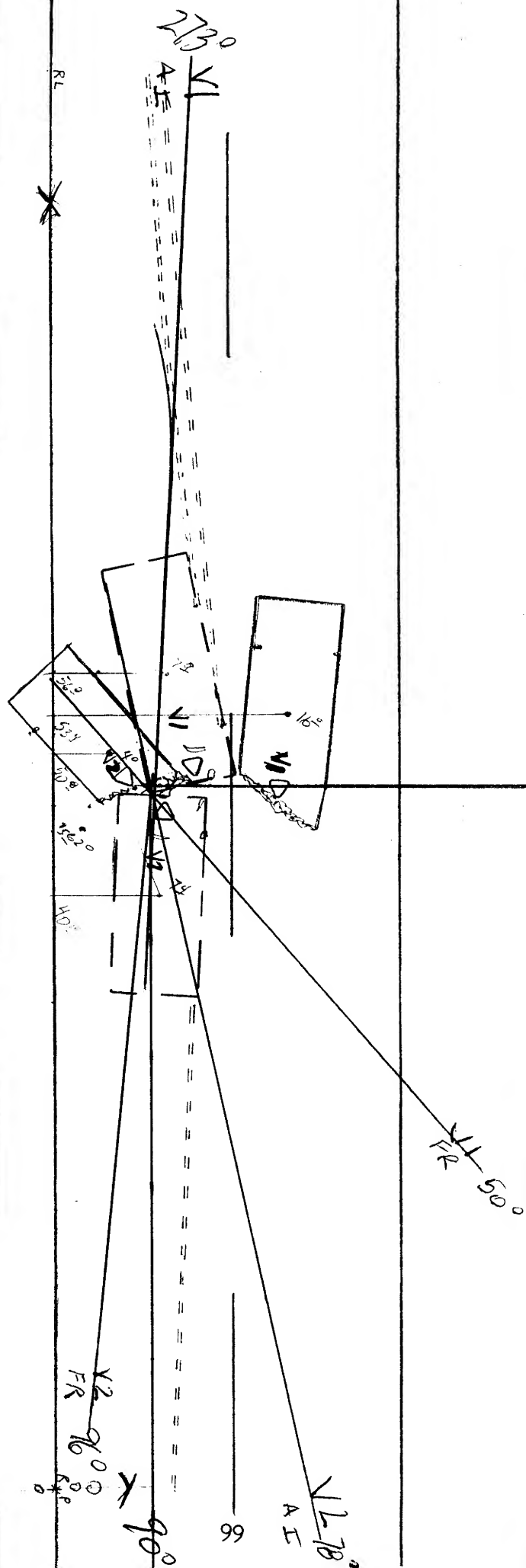
Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.



Estimation of PDOFs From At Impact Heading Angles, Slip, and Momentum
 Case Number: 0005

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Of CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Rank Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vehicle Analysis Area	0V27(V01)	0V28(V02)
Initial Heading Angle	070	74
YO Heading Angle	070	75
CRASH 3 Slip Angle	0	10
Weight-Vehicle Only Wt	1000	1000
Weight-Displacement	0	0
Weight-Cargo	0	0
Weight-Total	1000	1000
Estimated Speed	45	45
Mass-Loss (22nd/3rd Axis)	100000	100000
PDOF (Degrees)	-5	12
PDOF (Degrees) (Estimated)	10	12

01/91 ETM

* **WARNING***

SEPARATION VELOCITIES ALONG PDOF ARE NOT COMPATIBLE ACCORDING
TO ASSUMPTION OF A COMMON VELOCITY AT THE DAMAGE AREA CENTROIDS.

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

NCISI 92-03

IMPACT SPEED		TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	
(LINEAR MOMENTUM	VEH #1	34.7	34.7	.0	
AND SPINOUT)	VEH #2	49.8	49.8	.0	
SPEED CHANGE		TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
(DAMAGE)	VEH #1	43.3	-42.9	-5.6	7.5
	VEH #2	51.2	-50.7	6.7	-7.5
(LINEAR MOMENTUM	VEH #1	30.1	-27.4	-12.4	24.4
AND SPINOUT)	VEH #2	35.6	-35.1	-5.8	9.4

ENERGY DISSIPATED BY DAMAGE VEH#1:309117.2 FT-LB VEH#2:190648.7 FT-LB

SCENE INFORMATION

	VEHICLE # 1	VEHICLE # 2
IMPACT X-POSITION	7.75 FT.	7.33 FT.
IMPACT Y-POSITION	-56.00 FT.	-40.90 FT.
IMPACT HEADING ANGLE	78.00 DEG.	273.00 DEG.
REST X-POSITION	16.00 FT.	4.00 FT.
REST Y-POSITION	-53.30 FT.	-50.75 FT.
REST HEADING ANGLE	96.00 DEG.	50.00 DEG.
END-OF-ROTATION X-POSITION	7.75 FT.	7.33 FT.
END-OF-ROTATION Y-POSITION	-56.00 FT.	-40.90 FT.
END-OF-ROTATION HEADING ANGLE	78.00 DEG.	273.00 DEG.
	102	
DIRECTION OF ROTATION	CW	CW

COLLISION CONDITIONS

VEHICLE # 1		VEHICLE # 2	
XC10'	= 7.8 FT.	XC20'	= 7.3 FT.
YC10'	= -56.0 FT.	YC20'	= -40.9 FT.
SI10	= 78.0 DEG.	PSI20	= 273.0 DEG.
SI1D0	= .0 DEG/SEC	PSI2D0	= .0 DEG/SEC
BETA1	= .0 DEG.	BETA2	= .0 DEG.

SEPARATION CONDITIONS (USING SPINOUT)

VEHICLE # 1		VEHICLE #2	
US1	= 7.2 MPH	US2	= 14.6 MPH
VS1	= -12.4 MPH	VS2	= -5.8 MPH
PSISD1	= .0 DEG/SEC	PSISD2	= .0 DEG/SEC

RELATIVE VELOCITY (LINEAR MOMENTUM)

	VEHICLE #1	VEHICLE #2
SPEED ALONG LINE THRU CG:	33.7 MPH	49.8 MPH
SPEED ORTHOG. TO CG LINE:	-8.1 MPH	1.2 MPH
LOSING VELOCITY (LINEAR MOMENTUM) :	83.4 MPH	

SUMMARY OF DAMAGE DATA

(* INDICATES DEFAULT VALUE)

VEHICLE # 1

VEHICLE # 2

TYPE-----CATEGORY 2
 STIFFNESS---CATEGORY 9
 WEIGHT-----3388.0 LBS.
 CDC-----12FDEW6
 L-----64.0 IN.
 C1-----14.5 IN.
 C2-----34.5 IN.
 C3-----44.0 IN.
 C4-----49.5 IN.
 C5-----52.8 IN.
 C6-----62.0 IN.
 D-----6.0
 HO-----1.00 *
 ANG-----7.5 DEG.
 D'-----10.8 IN.

TYPE-----CATEGORY 2
 STIFFNESS---CATEGORY 9
 WEIGHT-----2865.0 LBS.
 CDC-----12FDEW6
 L-----60.0 IN.
 C1-----12.0 IN.
 C2-----22.0 IN.
 C3-----30.0 IN.
 C4-----38.0 IN.
 C5-----44.0 IN.
 C6-----52.5 IN.
 D-----6.0
 HO-----1.00 *
 ANG-----7.5 DEG.
 D'-----11.8 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	46.3	IN.	A2	=	46.3	IN.
B1	=	50.1	IN.	B2	=	50.1	IN.
R1	=	54.6	IN.	TR2	=	54.6	IN.
I	=	25995.8	LB-SEC**2-IN	I2	=	21982.9	LB-SEC**2-IN
M1	=	8.809	LB-SEC**2/IN	M2	=	7.449	LB-SEC**2/IN
YF1	=	83.3	IN.	XF2	=	83.3	IN.
R1	=	-91.6	IN.	XR2	=	-91.6	IN.
YS1	=	33.6	IN.	YS2	=	33.6	IN.

ROLLING RESISTANCE

VEHICLE # 1

LF-----	1.00
RF-----	1.00
LR-----	1.00
RR-----	1.00

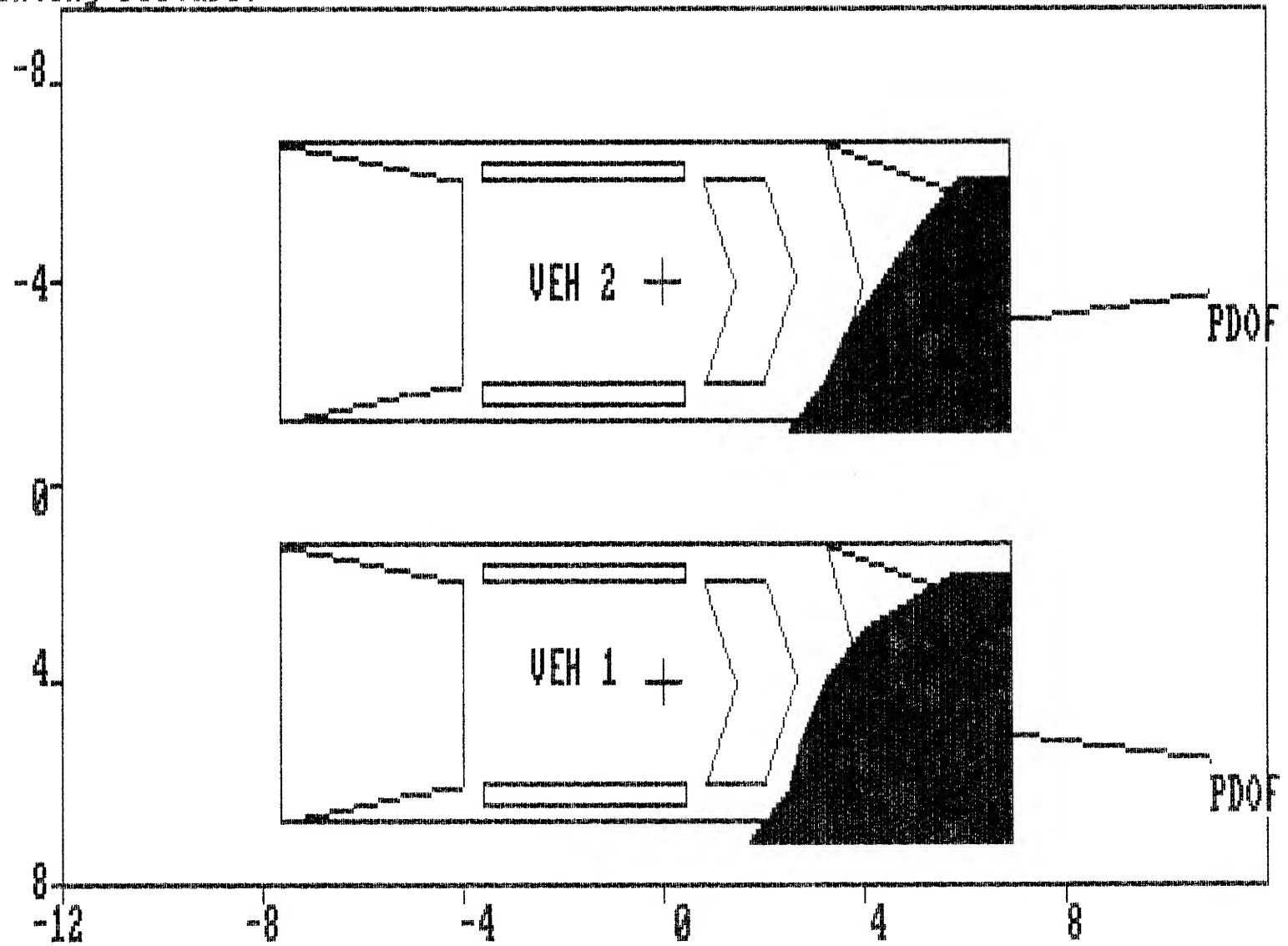
VEHICLE # 2

LF-----	1.00
RF-----	1.00
LR-----	1.00
RR-----	1.00

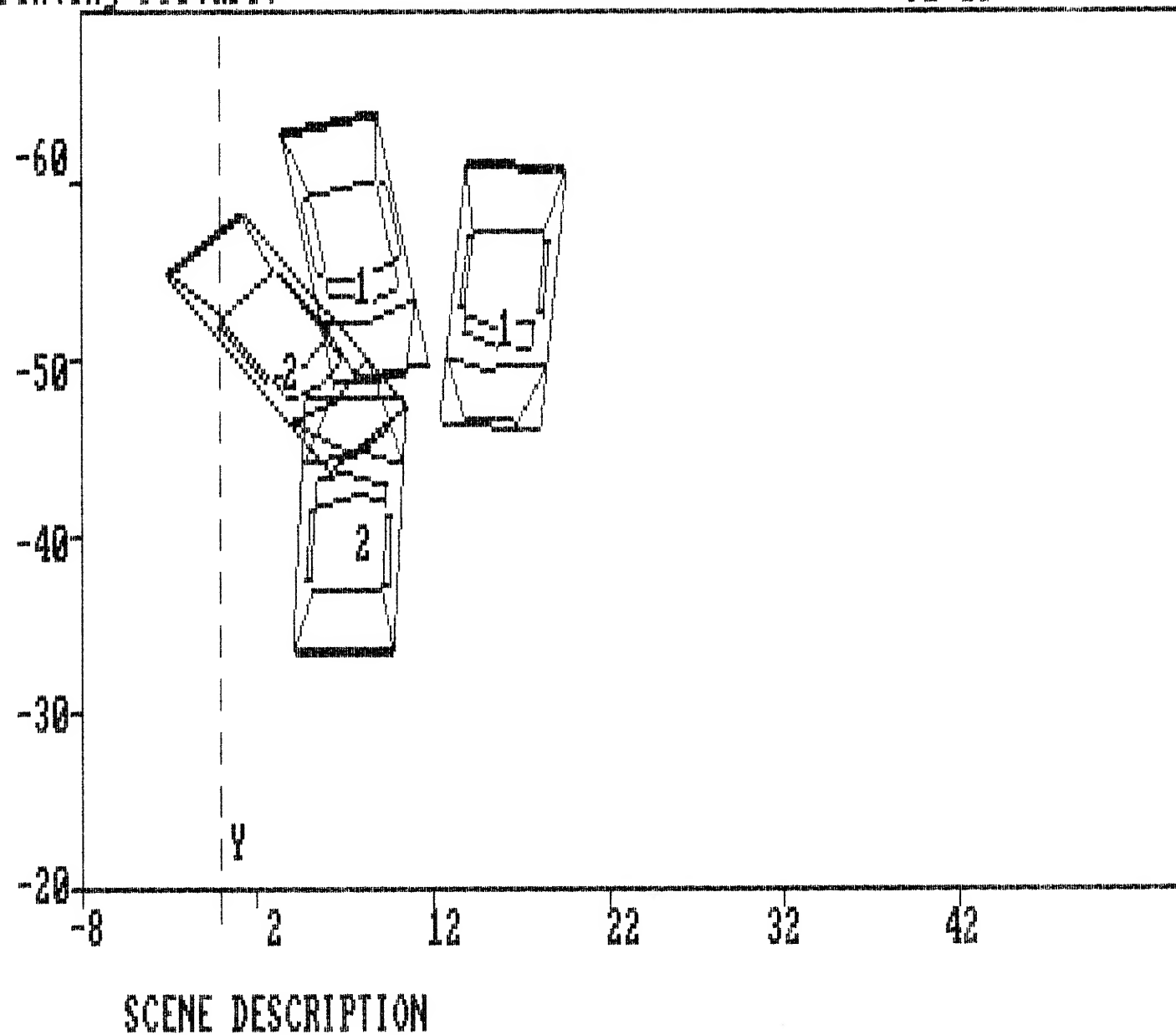
printing picture:

92-00

080



DAMAGE DESCRIPTION



Appendix E:
Newspaper Article

BEST AVAILBLE COPY

Appendix: F
Selected Prints



PHOTOGRAPH INDEX

1992

1. Path of travel of V1 (Airbag Vehicle) east on
2. Consecutive view of travel path showing police markings.





3. View of the area of impact.
4. View of the gouges at the point of impact.





5. V1's path from impact to final rest.
6. View of the final rest position of V1.





7. View of the path of travel of V2, west on
8. Consecutive view of V2's path of travel showing police markings.





9. Consecutive view of V2's path of travel.

10. Area of impact.





11. V2's path from impact to final rest.
12. View of the final rest position of V2.





AIRBAG VEHICLE
1992

- 13. Frontal view of the Airbag Vehicle showing damage.
- 14. Front right view of the LeBaron.





15. Right front view showing the crush to V1.

16. Right side view of V1.





17. Right rear three-quarter view.

18. Left rear three-quarter view.





19. Left front three-quarter view.

20. left front view of the airbag vehicle.





- 21. Interior view showing the deployed airbag module.
- 22. Interior view showing occupant contact points.





23. View of the deployed airbag.

24. Additional view of the deployed airbag.





25. Interior view showing intrusion and occupant contacts.

26. Additional view of the interior of the airbag vehicle.



Appendix G:
Police Photographs



POLICE PHOTOGRAPHS
1992

1. Police photograph showing both vehicle at final rest.
2. Additional view of the final rest positions of the vehicles.





3. Final rest positions of the vehicles.
4. Final rest positions of the vehicles.





5. View looking east showing both vehicles.

6. View looking west showing both vehicles.





7. View showing police markings on the roadway.

8. Additional view of the damaged vehicles.





9. Close-up view of the vehicles.

10. View showing the damage to V2.





11. Close-up view of V2 at its final rest position.

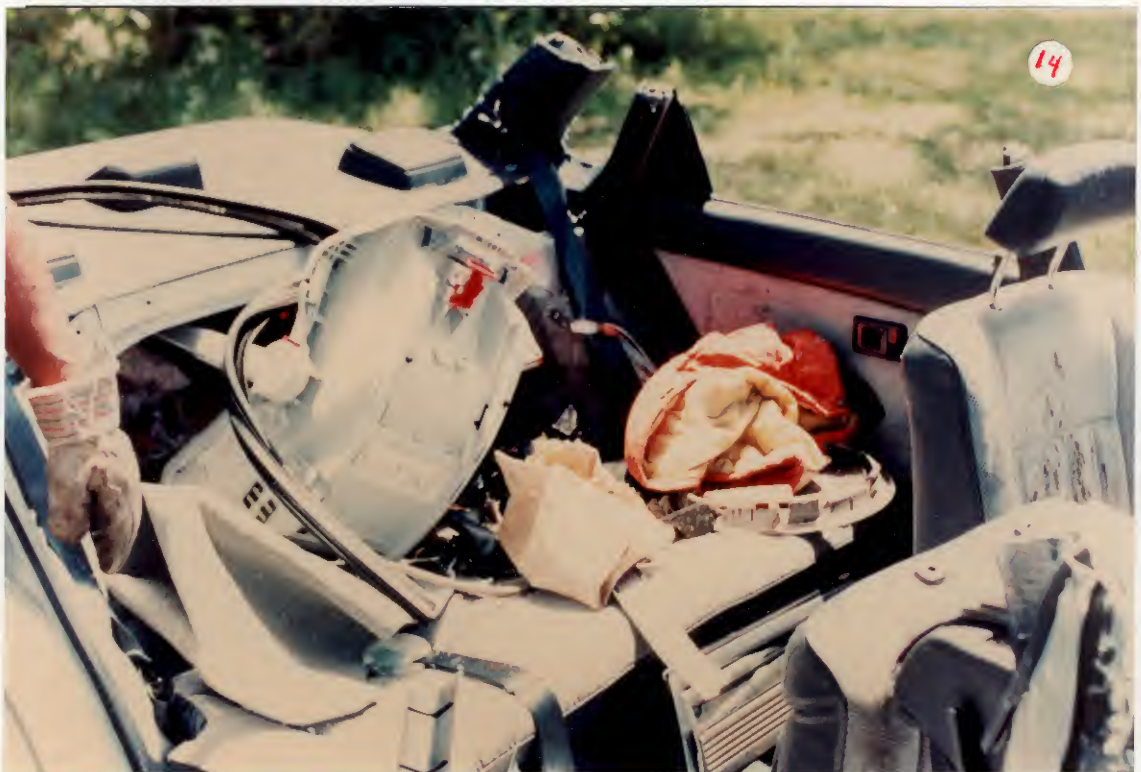
12. Additional view of V2. Note the roof was cut by rescue personnel.





13. Interior view of V2 showing occupant contact to the right front seat back.

14. Interior view of V2 showing the rear seating area.





15. View of the back seat showing the unused child seat.

16. View of V1 (Airbag Vehicle) at its final rest position.





17. View of the damage to the front of V1.

“GRAPHIC” PHOTOGRAPHS AND IMAGES

The following “GRAPHIC” Photographs and Images have been removed from this case.

Police Photo #18

If you would like a copy of these photographs and/or images please write to:

MARJORIE SACCOCCIO
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 BROADWAY
CAMBRIDGE, MA 02142

In the body of your request please include the case, photograph and image number(s).



POLICE SCENE PHOTOGRAPHS
1992

- 19. View showing the path of travel of V1.
- 20. Consecutive view of the path of travel of V1.





21. Consecutive view of V1's path.

22. Area of impact.





23. View of the area of impact.

24. View of the gouges at impact.





25. Additional view of the area of impact.

26. View showing the path of travel of V2.





27. Consecutive view of the path of travel of V2.

28. View of the final rest area of V2.





POLICE VEHICLE PHOTOGRAPHS
1992

- 29. Frontal view of the Airbag Vehicle.
- 30. Close-up view of the front bumper of V1.





31. Right side view of V1.

32. Interior view of V1.





33. Interior view of V1.

34. Interior view showing the deployed airbag module.





35. Left side view of V1.

36. Frontal view of V2.

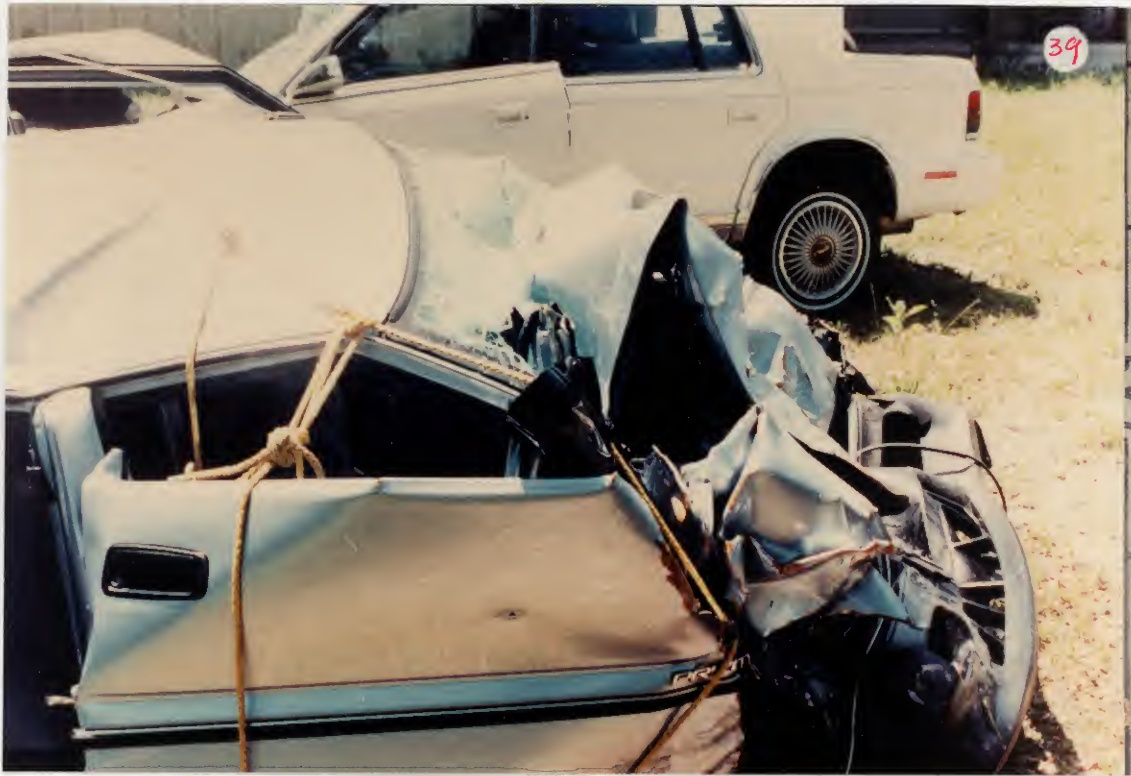




37. Right front view of V 2.

38. Right side view of V2.





39. Right side view of V2.

40. Right rear view of V2.

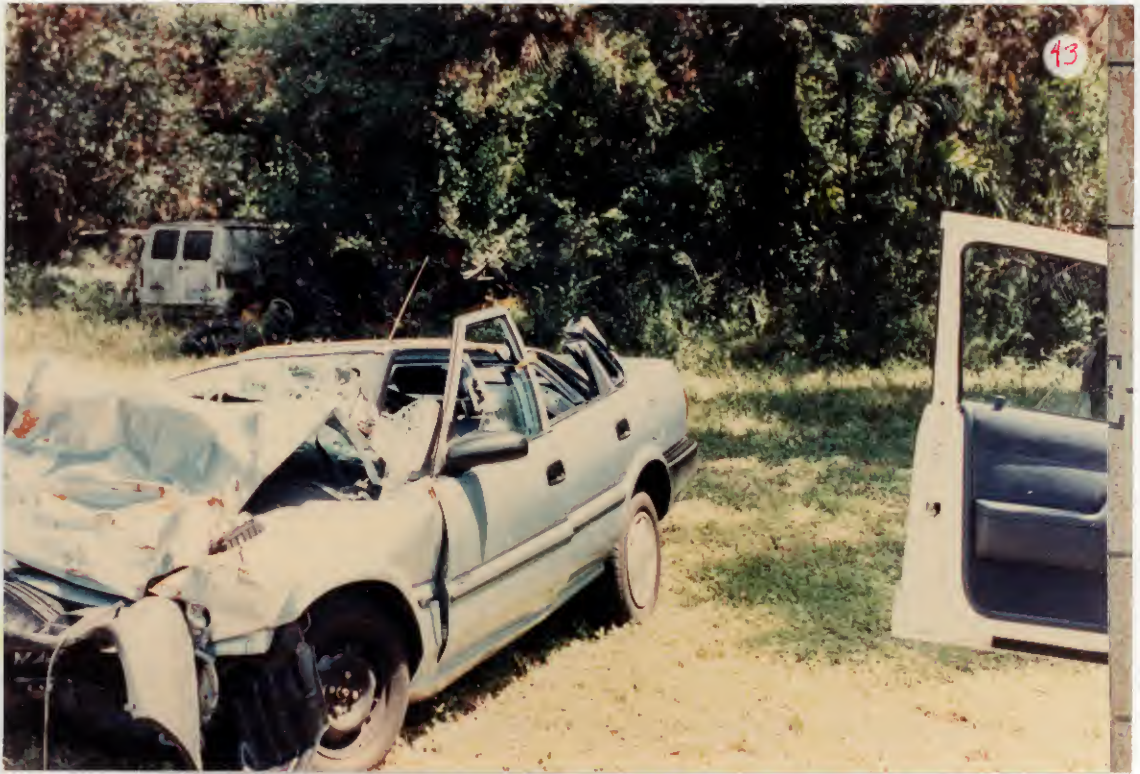




41. Right rear view of V2.

42. Left side view of V2.





43. Left front view of V2.

44. Left front view of V2.



Appendix: H

Slide Index

SLIDE INDEX

<u>Slide No.</u>	<u>Description</u>
1-2.	Path of travel of PAR vehicle #1 (1992 GEO Prism) west on SR [REDACTED] ([REDACTED] Alley).
3.	The GEO attempts to pass another westbound vehicle.
4-5.	Police markings indicating the start of skid marks from the GEO.
6.	Police markings for the end of the skid mark.
7.	Gouges at the point of impact.
8-9.	Path from impact to final rest.
10.	Police markings of the final rest position of the GEO.
11.	Opposite view from final rest looking back to impact.
12.	Opposite view from impact looking back east.
13-14.	Path of travel of PAR vehicle #2 (1992 Chrysler LeBaron) east on SR [REDACTED]
15.	Police marking for the start of the skid marks from the airbag vehicle. Note the dark yaw marks seen in this view are not related to this accident.
16.	Police marking of the end of the skid mark.
17.	Police paint mark at the point of impact for the left front tire.
18.	Gouges at the point of impact.
19.	Path from impact to final rest.
20.	Final rest position of the airbag vehicle.
21.	Opposite view looking back from final rest toward impact.
22.	Opposite view looking back from impact.
23.	View looking north showing the final rest positions of both vehicles.

AIRBAG VEHICLE

- 24-28. Frontal views of the airbag vehicle showing the deformation to the frontal plane.
- 29-38. Right side views of the airbag vehicle.
- 39-40. Rear views of the airbag vehicle.
- 41-48. Left side views of the induced damage to the airbag vehicle.
- 49. Close-up view of the windshield showing a cut by rescue personnel.
- 50-51. Views under the hood showing damage to the engine compartment and the airbag sensors.
- 52-53. Interior views of the airbag vehicle.
- 54-55. Views of the deployed airbag.
- 56-57. Views of the steering assembly.
- 58-59. Views showing stretching of the seat belt webbing.
- 60. Sunglasses worn by the driver.
- 61-63. Views of the passenger's seating area. Note in the on-scene photographs the passenger seat back is not broken back as it is in these views.
- 64-65. View of the passenger's seat belt showing where it was cut by rescue personnel.
- 66-70. Interior views showing numerous occupant contact points and intrusion areas.
- 71. View of the rear seat area.
- 72. Interior view of the left front door.



NC 9203 #1



NC 9203 #2



NC 9203 #3



NC 9203 #4



NC 9203 #5



NC 9203 #6



NC 9203 #7



NC9203 #8



NC 9203 #9



NC 9203 #10



NC9203 #11



NC9203 #12



NC 9203 #13



NC 9203 #14



NC 9203 #15



NC 9203 #16



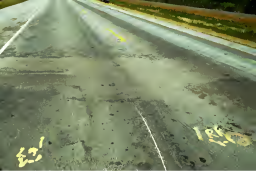
NC 9203 #17



NC 9203 #18



NC9203 #19



NC9203 #20



NC 9203 #21



NC 9203 #22



NC 9203 #23



NC 9203 #24



NC 9203 #25



NC 9203 #26
Best Available



NC 9203 #27
Best Available



NC 9203 #28
Best Available



NC 9203 #29
Best Available



NC9203 #30
Best available



NC 9203 #31
Best Available



NC 9203 #32



NC 9203 #33



NC9203 #34



NC 9203 #35
Best Available



NC 9203 #36
Best Available



NC 9203 #37



NC 9203 #38
Best Available



NC 9203 #39
Best Available



NC9203 #40



NC9203 #41



NC 9203 #42



NC 9203 #43



NC 9203 #44



NC9203 #46



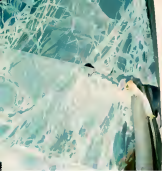
NC 9203 #46



NC 9203 #47



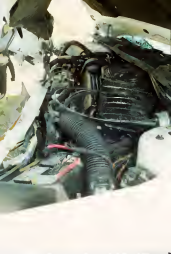
NC 9203 #48
Best Available



NC9203 #49



NC 9203 #50



NC 9203 #51



NC 9203 #52



NC 9203 #53



NC 9203 #54



NC 9203 #55



NC 9203 #56



NC 9203 #57



NC 9203 #58



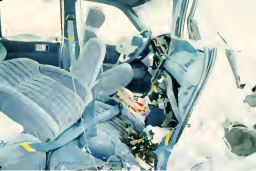
NC 9203 #59



NC 9203 #60



NC 9203 #61



NC 9203 #62



NC 9203 #63



NC9203 #64



NC 9203 #65



NC 9203 #66



NC 9203 #67



NC 9203 #68



NC9203 #88



NC 8203 #70



NC 9203 #71



NC 9203 #72